Utah's Division of Child and Family Services

Salt Lake Valley Region Report

Qualitative Case Review Findings
Reviews Conducted

September 21-24, 2009
November 16-19, 2009

A Report by

The Office of Services Review, Department of Human Services

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I. Introduction

The Salt Lake Valley Region Qualitative Case Reviews (QCR) for FY2010 were held the weeks of September 21-24, 2009 and November 16-19, 2009. Reviewers were selected from the Office of Services Review, the Division of Child and Family Services, community partners and other interested parties. Review partners included individuals from Fostering Healthy Children, Bureau of Internal Review and Audit, Substance Abuse and Mental Health, Quality Improvement Committee, Salt Lake County Youth Services, Utah Pride Center, Public Defenders Association, five representatives from Prevent Child Abuse Utah, and eight community volunteers. In addition, there were 22 reviewers from various out of state child welfare agencies. The out of state reviewers included 14 representatives from Pennsylvania, five from California, one from Tennessee, and two from the Casey Foundation.

There were 72 cases randomly selected for the Salt Lake Valley Region reviews, 36 cases for each review. The case sample included 57 foster care cases and 15 home-based cases. Seven offices in the Region had cases selected as part of the random sample, which included the Magna, Metro, Mid Towne, Oquirrh, South Towne, TAL and Tooele offices. A certified lead reviewer and shadow reviewer were assigned to each case. Information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents or other guardians, foster parents (if child was placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. Additionally, the child's file, including prior CPS investigations and other available records, was reviewed.

Members from the Office of Services Review met with the regional administrative team on October 7, 2009 to review the preliminary results of the first round of the region's QCR. Participants included the Regional Director, Associate Regional Directors, Program Administrators, supervisors and other administrative staff from throughout the region. Preliminary scores and data analysis were reviewed with the region. Strengths and practice improvement opportunities were also presented. The primary recommendation to the region was to focus on the principles and purposes of key indicators such as teaming, assessment, long-term view and planning. On December 8, 2009, members from the Office of Services Review reviewed the preliminary results of the second round of the region's QCR with the region's Associate Director and Practice Improvement coordinator. Two representatives from the state office's Practice Improvement Team also participated in the review and discussion.

II. System Strengths

During the Qualitative Case Review process, many strengths were observed and identified regarding the system and case management. At the conclusion of each two-day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present two or three strengths on their case that had a positive impact. The list below is a summarized list of strengths identified by the reviewers. This is not an exhaustive list of all the strengths mentioned during the review process.

Engaging

In cases where engaging was a strength:
- The caseworker engaged the father in a way that fostered encouragement and support. The father believed the caseworker had the children's best interests at heart.
- The caseworker developed a great working relationship with the family, probation officer and school counselor. The worker spoke Spanish, which was a great help to the family.
- The caseworker had such a good relationship with the father that the father will call the caseworker for services if he needs help after the case is closed. The mother told others how good it had been for her to have DCFS involved with her family.

Teaming

In cases where teaming was a strength:
- The good teaming provided great information sharing and coordination among team members. Team members felt free to call each other. The therapist called the most recent child and family team meeting.
- The team got together for a pre-adoption family team meeting, which included numerous informal supports that will continue to be a support to the child and adoptive family after the adoption and closure of the DCFS case.
- The caseworker and school partnered around the child's unique medical needs. Teachers, workers, and nurses all received training regarding the medical needs.
- Communication between all of the team members made the team very effective and significantly added to the family's understanding of the child's needs.
- The caseworker demonstrated good skills at facilitating family team meetings.
- Team meetings were held at crucial points in the case with all key team members, which ensured that transitions went smoothly.
- Team members felt like they contributed to the progress being made on the case. Team meeting minutes were sent to all team members after the child and family team meetings.
- Team meetings were held at critical times, which allowed the team to successfully manage safety issues as they arose.
- There was good communication between workers from different agencies such as DCFS, DSPD and RISE, which were serving the family.
- The therapists from different programs worked together to coordinate the treatment the mother and child were receiving.

Assessment

In cases where assessment was a strength:

- The Child and Family Assessment was well written and included good formal and informal assessments, supports and resources. The assessment made the foster mother aware of issues that needed to be addressed which really benefited the children.
- A thorough assessment helped the team safety plan in a way that allowed the child to remain home even though the original plan was to remove the child.
- The team made good use of formal assessments such as a psychosexual evaluation and a neuropsychological.
- The written assessment clearly articulated the strengths and needs of the family.
- The case benefited from the team's continuous assessment process.
- The thoroughness of the assessment provided by the worker ensured the adoptive parent knew all of the concerns regarding the child.
- The thorough educational assessment helped find the appropriate level of resources for the child. The child then made great strides in school.

Long-Term View

In the cases where long-term view was a strength:

- All team members understood the plan and what options were available to help the family reach their goals.
- Everyone on the team knew how the long-term view would be achieved.
- The written long-term view clearly outlined the goals for the child and then explained how the goals would be reached based on the child's unique capabilities.
- The written long-term view encapsulated what the parents and children would need to do, both now and in the future, to ensure the safety and well-being of the family.
- The team's long-term view clearly described what the family's situation would look like when they no longer needed the Division's support.

Planning

In cases where planning was a strength:

- The foster parents felt like they had directed the team and had a voice in the planning. The team responded with support.
- The family felt very supported by the worker due to their level of involvement in the case planning.
- The parents and youth viewed the case plan as "their" plan.
- Formal plans from various agencies had been integrated into a single, comprehensive plan, which simplified the plan for the family.
- The plan ensured that all needed services were in place, including services for the child's special medical needs.
- The formal plan was reflective and supportive of the adolescent's goals.
- The child and family plan continued to evolve and was updated with the changing circumstances of the case.
- The planning process was enhanced by the team's use of the long-term view to help ensure the right supports were in place.

Resources
In cases where resources were a strength:
- The family's situation improved as a result of the Parent Advocate program. The program met the needs of the family because the parenting service went into the home and worked directly with the parents and children.
- The residential drug treatment program allowed the children to remain with their mother while she successfully completed her treatment program.

Transitions
In cases where transitions were a strength:
- The team did an excellent job of managing the youth's transitions to a new placement and a new caseworker. The youth and the therapist were very involved in the transition planning.
- The next major transitions for the child have been carefully assessed and planned in a way that will help the family successfully transition out of DCFS services.

Kinship
In cases where kinship services were a strength:
- The children were placed with grandparents, which allowed the children to remain with family and added to their sense of stability.
- The newborn baby was abandoned at the hospital. The worker was able to place the baby in the same adoptive home as her older biological siblings that had been adopted.

III. Stakeholder Observations

The results of the QCR should be considered within a broader context of local or regional interaction with community partners. The Office of Service Review staff supporting the qualitative reviews interview key community stakeholders such as birth families, youth, foster parents, providers, representatives from the legal community, other community agencies, and DCFS staff. This year the Qualitative Case Reviews in the Salt Lake Valley Region were supported by a total of 10 interviews. There were five focus groups: DCFS caseworkers, DCFS Supervisors, Region Administration Team, a private proctor agency provider, and a group of youth participating in Transition to Adult Living (TAL) services. There were also individual interviews with the Guardian ad Litem, Assistant Attorney General, two families providing kinship care, and the DCFS Salt Lake Valley Region Director.

The information from the stakeholder observations has been organized around broad topics discussed during the focus groups and interviews. Obviously, not everyone commented nor agreed on all topics. Where there appeared to be some consensus, the comments are noted. Each comment section is organized in two groups— community partner interview comments and DCFS interview comments.

Budget
A. Community Partner Interviews
- The current budget issues continue to have an impact on the work. Judges have not been supportive of DCFS' budget constraints. For example, workers are reducing the number of drug tests for clients or have not been authorizing as many bus passes and the judges get upset. Judges are wondering if services will be up to par as they are accustomed to seeing. Workers are working very hard to keep the level of service up.
- There are rumblings among defense counsel about challenging workers' efforts to meet the "reasonable efforts" standard. There is a perception that there may be a decline in service due to budget restrictions, particularly in foster care termination cases. For example, there has been a decrease in drug court funding. No new clients are being accepted into drug court. Judges are discussing the impact of having no drug court in relation to meeting the "reasonable efforts" standard.
- The budget crunch has also impacted the Assistant Attorney General's (AAG) office. They lost one child protection AAG position from within the region. The AAG's office is making adjustments so that the change does not negatively impact the region DCFS caseworkers.
- Some proctor providers are anticipating that the upcoming fiscal year may bring some potentially negative contract changes. There is a sense that everything is up in the air in relation to the contracts between proctor providers and DCFS.
- One private provider feels like the budget is having an impact on determining youths' readiness for discharge from proctor levels of care. There is a concern that some youth may be stepped down to a less expensive placement before they are ready for discharge.
- The economy has negatively impacted some private provider proctor homes. The proctor families spend more money than what they are compensated for. Provider agencies are

working hard to ensure that the financial issues don't trickle down to the services the youth are receiving.

- Some of the legal partners have not seen a lot of negative effects on the work as a result of the current budget situation. One area that has been negatively impacted is drug court. Many of the cases have drug related issues, but the budget situation has translated into fewer openings in the drug court program. Another challenge occurred at the end of the fiscal year. Because there were no funds available, there was a need to wait on expensive court ordered requirements such as psychological evaluations.

B. DCFS Interviews

- The budget has not significantly impacted services to clients. Employee retention improved due to the bad economy. The region went a full year without hiring. Before that, they had been hiring new employees every four to nine weeks.
- There is a sense that there are some more major changes looming on the horizon such as potentially losing all proctor homes. If that occurs, it will be virtually impossible to appropriately place some of the higher need foster youth.
- The region anticipates some challenges for the next year, including the potential for additional budget cuts. They are confident they can weather budget challenges without a decrease in the level of service being provided to children and families and without losing staff jobs. One thing that has worked well is making it all region staff's job to help manage the budget. Everyone is part of the solution. The success will come from continued better management of the resources. It is an issue of prioritizing and scaling. The message has also been sent to judges that they also have a direct impact on the region's budget by what they order, particularly at the end of the fiscal year.
- As community services and programs struggle or shut down, there is a lot of misinformation about the programs closing because of DCFS budget cuts. Judges will often email region administration with questions or concerns, which provides an opportunity to provide accurate information. Region administration is being proactive in disseminating information to judges when there is a program change before the rumors start to fly.

Communication

A. Community Partner Interviews

- The lines of communication and dialogue have really opened up with the current region administration. Legal partners appreciate the directness and openness with region administration.
- There is a better understanding and appreciation for each other's roles between DCFS and the AAG's office. They don't always agree or see eye to eye but there are still great, honest, and positive exchanges during the discussions and case staffings.
- Regional administration is very accountable. There have been a lot of positive changes in the region as a result of the current Region Director. Region administration is open to communication and partners are able to call the region about any topic.
- There has been improved communication between caseworkers and the Guardian ad Litem's office. The new system of emailing court reports to the legal partners works well. The legal partners get court reports in advance of the court date. They used to get court reports on the day of court, which was a problem.

B. DCFS Interviews
- Workers are often frustrated with the lack of information regarding changes in federal funding or state legislation. Workers are unclear on how potential changes will impact them. Workers feel like region administration provides them with as much information as administration has available to them.
- The working relationship between the legal partners and caseworkers is challenging due to the size of the region and not being housed in the same building.
- Sometimes there are changes made, such as changes to SAFE, and the information is not disseminated down to the supervisor and worker level.
- There has been some improvement within the region with cases that have a TAL youth served out of the TAL office and younger siblings being served on a permanency team in another office. The improvements have been related to better coordination and communication between the workers and joint family team meetings.
- Region administration has been much more open with communication. Administration has worked to be more transparent.
- The monthly "Director's Chat" meetings have been very effective. They provide an open forum for caseworkers to address questions or concerns with upper region administration. The meetings are rotated around to the various region offices. Even if workers can't attend, they get the minutes, which includes the questions and answers. Workers benefit from seeing the questions that are being asked by other workers within the region and the responses to those questions. Issues raised are often related to process improvement. The feedback provided by workers has helped elevate processes by assessing why they do things the way they do. Workers appreciate having that opportunity at least once a month and feel like region administration is approachable.
- The entire region administrative team meets once a month so that all administration, including supervisors, hears the same key information and updates. Part of the meetings includes a review of practice guidelines and team building activities.

Community Relations
A. Community Partner Interviews
- One legal partner would love to see more positive public relations for the Division through the sharing of success stories. Current publicity tends to focus on negative cases. There is a need to get the word out that DCFS is not a bad agency to work with.
- DCFS has presented at the Private Provider Association, which has helped keep that association up to date. State administration attends the monthly meetings to discuss providers' issues. The biggest need for some proctor providers is inclusion. There needs to be a team approach between DCFS and the providers so they work together to weather the challenges of working with the youth.

B. DCFS Interviews
- The region has received several requests from the community to do some additional Immersion Day presentations. Region trainers are putting a group together (supervisors, trainers, etc) to go out and do a formal presentation to specific community groups. This helps community groups know what DCFS is about and what DCFS can do.

- There has been some good relationship rebuilding with the legal partners such as the Assistant Attorneys General and Guardians ad Litem. Region administration has been educating the community and legal partners through meetings such as the Table of Ten, which includes the judges and legal partners within the region. These meetings have not only been helpful in educating partners, but also in expressing DCFS concerns and requests to the judges.

Congregate Care
B. DCFS Interviews
- The region has experienced a significant change in their approach to the placement of children in foster care. There has been a cultural and practice shift regarding initial placements. The region is working hard to place children who are removed directly into resource family homes rather than into a shelter. There are a few exceptions such as keeping siblings together or if the child requires a higher level of care.
- Last year, the region averaged over 40 children at the Christmas Box House (CBH) at any one time. Now children ages 0-5 are not placed at the CBH unless it's required to keep siblings together. The hope is the first placement will be the child's only placement. The region still has a contract with the CBH that meets the needs of both DCFS and the CBH. The CBH has been looking at other creative ways to use their resources such as providing respite, health care for kinship families who do not have a primary provider, after-hour visitation, and services for teen moms. This has been a year of continued transitioning and partnering with the CBH.
- Workers like getting away from using the Christmas Box House because it eliminates one additional placement by going directly to what may become the long-term placement. Workers have been able to place children directly into legal risk homes.

Goals
B. DCFS Interviews
- The region is focusing on not stressing out the workers about the pending federal Child and Family Services Review (CFSR) while ensuring workers understand the expectations. The region has five areas of focus that will not only help with the CFSR but with everyday case management. The focus areas include: (1) involvement of the family in planning, (2) 48-hour shelter visits, (3) visits with parents (particularly in-home cases), (4) teaming, (5) documenting visits.
- The region administrative team had set region priorities and recently reevaluated those priorities. The region has identified at least four areas for practice improvement this year which include: (1) placement homes, (2) adapting to Medicaid changes, (3) focusing on CPS upfront teaming and using the family to help plan, (4) regional qualitative review of CPS cases to ensure CPS workers are well trained, have consistent expectations, and a more uniform case process.
- The region makes constant use of real time data as part of their management. For example, they looked at the time adolescents are spending in foster care. Children coming into foster care for delinquency are staying years longer than they would have if they had been placed in JJS custody. The TAL services are great but they are not to be a

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substitute for permanency. Government programs will come and go but relationships can be permanent. The plan is to make this even a bigger priority in the next year.

Kinship

A. Community Partner Interviews

- The region is making quick preliminary placements for children coming into foster care. This is a double-edged sword. The positive is that children are getting placed quickly with family. The concern is whether there is enough of a thorough assessment of the relatives before placement. The workers need to follow up on the initial assessment of the family and determine if this is the best long-term placement for the child.
- There is a disconnect between the Office of Licensing and DCFS. There is a need to move things more quickly between the two agencies when it comes to getting a kinship family licensed for foster care.
- One kinship family struggled with the initial application process to become a licensed foster parent. Paperwork became a source of delay and frustration. There were paperwork issues related to several areas such as the fingerprint background checks, verification of custody, and school enrollment paperwork.
- For kinship families, the most frustrating periods in the kinship process were directly connected to times when the kin felt unsupported and experienced a lack of information. Frequent contact with the caseworker and being included in the family team meetings often eliminated much of the frustration kinship families were experiencing.
- The foster parent classes have been very helpful to new kinship families. It is beneficial for them to hear what other kinship families are experiencing. It would have been helpful for the kinship families to be allowed to take the foster care classes much earlier in the process. The classes would have helped answer a lot of questions and ease or prevent a lot of the frustration that they experienced.

B. DCFS Interviews

- The region recently created a kinship specialist team. The kinship specialists are assigned as secondary workers and start attending family team meetings right up front. They assist potential kinship placements with things such as linking them with the Department of Workforce Services. They work with the kin all the way through the case. The goal is to provide support to kinship placements in the same way that foster parents are supported on foster care cases.
- Kinship workers and post adoption workers have been great additions to teams. It is a supportive service to the primary workers. The kinship workers have been helping with some training and handouts to help with the complicated preliminary placement process.
- There is a disconnect in the kinship process. When a child goes to a kinship family right away, the kin are required to go to DWS to get specified relative assistance so the child can access Medicaid. It often results in a gap in the child not having medical coverage for an extended period. DWS generally does not attend family team meetings.
- There are concerns with children lingering in unlicensed kinship homes. There is no time limit in the practice guidelines regarding how long a child can remain with the kin while waiting for the kin to become a licensed foster parent. Some kin have been unwilling to follow through on health care action items. There are issues with medical coverage during that time.

Procedure

A. Community Partner Interviews

- The region's screening process for approving youth for placement at proctor level is going back to what it was years ago because it is again considered a high cost placement. Ideas that would enhance a youth's treatment are denied if it would be an increase in expense, whether it is an increase in the level of care or additional wrap around services.
- One private provider expressed interest in being educated on the availability of discretionary funds for youth in proctor care. They would also like to be educated on the region's process for accessing discretionary funds. There is some significant disparity in what different workers are able to access on behalf of youth placed in their program.

B. DCFS Interviews

- The region has recently changed their placement screening process for children in foster care. The weekly placement meetings have been changed to daily meetings. Workers are able to screen cases much sooner, which has helped eliminate time delays in the placement of children in care. A comprehensive committee is used to assist with the placement decisions. The committee often includes clinical consultants, supervisors, resource family consultants, Valley Mental Health, Foster Care Foundation, LDS Social Services, DSPD, the Adoption Exchange, and health care nurses.
- The region has a Permanency Utilization Review committee. The committee focuses on children who are placed in the most restrictive/high cost placements (proctor level and higher). They assess if the children are getting what they need and how the agency can help the children move to a family setting in a successful way. This year another clinical consultant was added to help the committee. There are two clinicians reviewing all residential cases on an on-going basis. They work with facilities and workers through field visits and addressing questions and issues. They are challenging the status quo. The committee is seeing success with more family style placements and wrap around services. The philosophy is permanency driven with cost savings as a side benefit.
- The region has experienced an increase in population but has not seen a significant increase in the number of child abuse referrals called into intake.
- Cases are being staffed very carefully at the CPS level to address protection issues. The focus has been on the safety model, which includes assessing the threats of harm, the child's vulnerability, and the parent's protective capacity. CPS workers are required to do upfront family team meetings on new cases. The number of unaccepted cases is not increasing. CPS cases can be unaccepted by workers in the field, but then they must be staffed with intake for consistency.

Resources

A. Community Partner Interviews

- Overall, there appears to be adequate service providers and resources. Most of the time, workers are able to get children into the needed services. One loss has been the Children's Center residential program, but they have opened a day treatment program.
- Occasionally there is a need for treatment resources that serve hearing-impaired clients. There is a need for a therapist who knows sign language. For example, a deaf father who needs substance abuse therapy has no resource available.

- There is a need for better regulation of the licensing standards for proctor homes when they are not licensed by the state. Proctor homes are licensed by different private agencies that have their own licensing standards. There is no control over the amount or quality of training the proctor parents receive.

B. DCFS Interviews
- The Peer Parenting resource and Parent Advocate programs have been great assets to workers and families. There is frequent communication between the peer parenting service and caseworkers.
- The Region has made laptops with SAFE access available to caseworkers to help increase their productivity during times like waiting for court hearings.

Services

A. Community Partner Interviews
- There are some cases that have extensive child protective services history that may have benefited from an earlier court intervention. It may have helped to get a judge involved in a previous referral before things escalated.
- The cases that are often most worrisome to legal partners are the in-home cases. The children are still in the home with minimal services as compared to when a child is placed in foster care. One home visit per month is insufficient due to the higher risk. The preferred in-home service is family preservation due to the higher level of contact, but, having children in foster care does a better job of motivating parents to get into services.
- One of the most important things that DCFS does is find good placements for foster children. A good placement provides a nurturing environment with structure, appropriate boundaries, and frequent contact with the birth parents.

B. DCFS Interviews
- Sometimes there is a gap in ICPC services. Workers are unsure whom to talk to regarding problems with ICPC cases.
- One region employee now specializes in working with refugee families through community outreach. As the DWS refugee worker position has become more formalized, the region has run into fewer barriers with refugee families. There are now more outreach services available to the refugee population.
- The region continues their efforts to improve domestic violence (DV) services. The majority of all cases have some DV elements. The administrative team has moved more resources into domestic violence services such as committing three full-time workers to DV services. They have restructured how DV related child abuse cases are staffed which is working well. They want all workers to be competent in DV services and resources.
- The Drug Court program is excellent. It helps clients access treatment services that they would not be able to access otherwise.
- There is a need for more front-end services to work with families in being able to safely maintain their children in their own home without having to come into foster care.

Staff

A. Community Partner Interviews

- There has been less turnover among new workers. The new workers tend to be the most cutting edge workers. New workers bring new life and vitality to the position. They have new ideas that can be implemented in the casework. Workers are passionate about casework.

- The single best thing about the way DCFS does business is the way in which the workers care about the families. This reflects in their work with families. Engaging with families can be challenging. Being honest in court can occasionally cause a riff with parents as a result of a negative report to the court.

- The converse to the best thing is workers who don't care or have an attitude that this is "just a job." Since workers intervene with families during such a volatile time, it would be nice for workers to present more of a caring feeling.

- Providers are not seeing as much turnover at the region's supervisor level. This helps with the consistency among supervisors. There used to be a lot of turnover at the program administrator and supervisor levels, which can cause workers to fall through the cracks.

- Overall, the caliber of caseworkers has continued to get better. Providers occasionally see workers who are unsure why they are in this line of work. When there is a problem and they cannot get a return call from the worker, providers rely on their relationship with the supervisors. This helps address the problem but can also hurt the provider because then they won't get another referral from that worker.

- There used to be some concerns regarding supervisors not providing good supervision. The supervisors currently in place are better at teaching and supporting workers. The change is a result of selecting better people for the supervisor positions. They are more invested in the cases. The supervisors are coming to court more with the workers, which is good, especially with newer workers.

B. DCFS Interviews

- There is a theme with regional administration being fearless in confronting any challenges and barriers that need to be addressed. They are leading out in areas that have long been neglected.

- The Region has seen a significant reduction in workforce. Last year there were 415 employees and there are 360 employees this year. Some positions on the admin team have been shifted to supervisor positions. The region turnover has been at 15-17%. Caseloads have remained at a good level. The region worked hard on being more efficient with fewer resources even before the budget crisis.

- Workers indicate region administration is available to them. Program Administrators are located in various offices throughout the region, which makes them very accessible to workers.

- There are a lot of expectations on workers. As people and resources get cut, more is expected of the workers and there is less time to do it. Workers are working hard with little to no opportunity for advancement or pay raises.

- Peer mentoring between supervisors and workers has been very positive. Supervisors help each other with questions that come up, particularly with new supervisors.

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Supervisors are expected to be a "jack of all trades" and know everything. Workers will collaborate with each other to help with questions about processes and protocols. There is too much to try and know everything.

- Caseworkers are very knowledgeable about policy and procedure. The workers are very professional and on top of their workloads.
- The region administrative team has dedicated a lot of effort to team building. The region has a very collaborative and self-evaluating administrative team. There is frequent communication. Administrators have local area assignments and regional assignments. There has been a reduction of three to four administrators so the workload has been heavier on the other administrators. The team is always itself evaluating to show administrative improvement in addition to practice improvement.
- As a result of the administrative team's effort, the region is seeing better outcomes such as working with supervisors on problem solving on a horizontal level rather than having to go up. They are continually working on building leadership skills. Supervisors are included in the hiring selections. The training manager completes initial cursory interviews, and then second interviews, and selections include the supervisors.

Transition to Adult Living (TAL)

A. Community Partner Interviews
- The region's TAL program is going well. They are offering more services. There are good workers who are invested in helping youth be ready to be on their own. There is a need to find good, permanent homes for older foster children. Some of the formal private placement agencies are in place, but they are not providing enough homes. The region has been assigning individual workers to help find homes for older youth needing permanency.
- Many TAL youth express frustration and apprehension with completing paperwork and applications for things like college, cars, apartments, and bank accounts.
- Many of the TAL youth share some of the same worries as they work towards emancipation. Their worries include: (1) medical services and what Medicaid will cover and not cover after they turn 18, (2) long-term relationships and supports to them in the future, (3) drivers education and being able to obtain a drivers license.

B. DCFS Interviews
- The region's TAL services are excellent and really help the youth prepare for emancipation. There are aftercare services available. The mentor program is excellent.
- There are not enough housing resources for TAL youth that are emancipating from foster care. The county housing program application process feels hopeless. The waiting list is too long. If a youth is put on the waiting list early and their name comes up before they are ready to emancipate, they are moved back to the bottom of the waiting list.
- There is a push to move away from proctor placements. This is challenging for TAL youth who would be better served at the proctor care level. The youth often need a tracker and other services that are not provided at the structured foster home level. Many youth have been in proctor placements for years, and because they are doing well there is pressure to move them down to a structured care level foster home.

- There is no funding for youth activities or special projects. There are no resources for foster youth to help them enjoy some "normal" teenage things such as getting a school yearbook or participating in some traditional teenage activities.
- Teenage youth coming into foster care on delinquency issues continues to be a challenge for the region. Delinquency cases can consume a lot of resources. Even youth who come into foster care on abuse and neglect issues who remain in foster care through their teenage years will often struggle with delinquency issues.
- There has been a decrease in available community resources for older youth, such as Vocational Rehabilitation and housing. The youth often have a difficult time locating employment. This has resulted in some youth having to remain in foster care longer.

Teaming
A. Community Partner Interviews
- One private proctor agency indicated that family team meetings have been an important part of the way they do business. Every time a youth is placed in their program, the program will set up an initial family team meeting with the caseworker, family, proctor parent, and proctor agency staff.
- For the most part, new case managers are more prepared and better trained to facilitate family team meetings.
- Private providers would love to have more direct contact with the legal partners when it comes to preparing for court reviews for youth placed in their program. It would be nice to have the legal partners more involved in the family team meetings. This would ensure the legal partners hear directly from the program regarding how the youth is doing in their program.
- Guardian ad Litem (GAL) administration has an expectation that GAL's attend as many family team meetings as possible. The GAL's would like to be invited to more family team meetings. There is a need for workers to accommodate the GAL's schedule when scheduling the team meetings. The GAL's consider themselves one of the critical team members to be at the meetings because they will be making recommendations in court. The GAL's benefit from as much advance notice as possible or checking with them on what times would work well for their schedule. The GAL's do not work the extended 10-hour day schedule so the after hours meetings are difficult for them to attend.
B. DCFS Interviews
- There has been a real focus on teaming, whether as an office team or as a family team on a case. Workers support each other well and know each other's cases enough to share ideas or get help with a home visit. The workers rely on each other a lot.
- Getting legal partners to family team meetings has been a challenge. Legal partners tend not to attend family team meetings unless the court orders them to. One worker has good success at getting the legal partners to the meetings by checking the legal partners' schedule first and then trying to match up the family.
- Sometimes judges go against what family teams have decided would be the best coarse of action. Once the judge issues the order, the family team then has to adjust their planning.

- There is a push to have more CPS teams so they are able to do more upfront teaming with families. The hope is that the upfront CPS intervention may assist the family in a way that will not require the case to be moved on to foster care services.

Training
B. DCFS Interviews

- Region staff recently participated in a workshop on purposeful visitation. A grant was able to provide some additional training resources to assist with more positive, meaningful visits for children in foster care.
- The region sponsors specialized mini training sessions called "Lunch and Learn" which are considered very helpful by workers. Special guest presenters are brought in such as Valley Mental Health, the Assistant Attorney General's office, and the Mexican Consulate. Some of the time is dedicated to training and some of the time is allocated to an open forum for questions.
- Many of the staff trainings, such as the purposeful visitation training, are not geared to workers with youth participating in the Transition to Adult Living (TAL) services. Many of the trainings are geared to younger children and the TAL youth seem a little forgotten sometimes. A lot of the kinship and permanency focus tends to be applicable to the younger children and not the TAL youth.
- One challenge supervisors have is meeting the training needs of their teams. There is a need for refresher trainings on issues such as kinship, adoption, and ICPC. It is often difficult for supervisors to find someone to assist with the trainings. The state office says it is a region issue and the region says it is a state office responsibility. There is a need to know who the "go to" expert is that would be willing to assist with the need.

IV. Child and Family Status, System Performance, Analysis, and Trends

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of <u>Child and Family Status</u> and <u>System Performance</u> show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

       1: Completely Unacceptable
       2: Substantially Unacceptable
       3: Partially Unacceptable
       4: Minimally Acceptable
       5: Substantially Acceptable
       6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 21 key indicators. Graphs presenting the overall, summative scores for each domain are presented below. They are followed by graphs showing the distribution of scores for each indicator within each of the two domains. Later in this section brief comments regarding progress and examples from specific cases are provided.
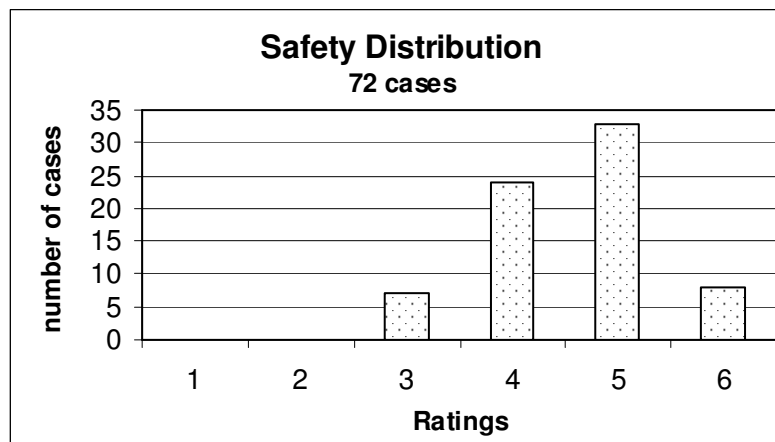
Child and Family Status Indicators

Overall Status

Salt Lake Region Child Status

	# of cases (+)	# of cases (-)	Standard: 85% on overall score	FY06	FY07	FY08	FY09	FY10 Current Scores	Trends
Safety	65	7	90%	94%	97%	91%	94%	**90%**	
Stability	44	28	61%	61%	67%	59%	73%	**61%**	
Appropriateness of Placement	69	3	96%	94%	97%	94%	96%	**96%**	
Prospect for Permanence	42	30	58%	59%	70%	54%	76%	**58%**	
Health/Physical Well-being	71	1	99%	100%	99%	100%	100%	**99%**	
Emotional/Behavioral Well-being	62	10	86%	83%	90%	81%	85%	**86%**	
Learning Progress	63	9	88%	85%	91%	80%	82%	**88%**	
Caregiver Functioning	54	1	98%	98%	98%	100%	100%	**98%**	
Family Resourcefulness	25	14	64%	55%	69%	71%	75%	**64%**	
Satisfaction	66	6	92%	89%	93%	94%	99%	**92%**	
Overall Score	**65**	**7**	**90%**	**92%**	**96%**	**89%**	**91%**	**90%**	Decreased but above standard

0%   20%   40%   60%   80%   100%

Safety

Summative Questions: Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?
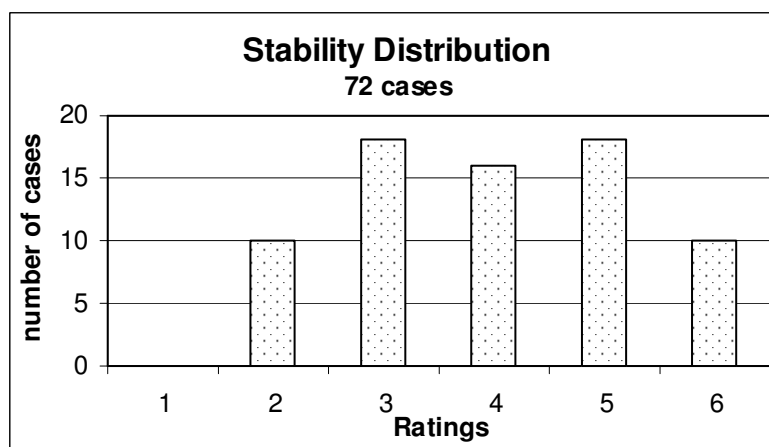
Findings: 90% of cases reviewed were in the acceptable range (4-6). This is a decrease from last year's score of 94%.

Safety Distribution
72 cases

A bar chart titled "Safety Distribution" with the y-axis labeled "number of cases" ranging from 0 to 35, and the x-axis labeled "Ratings" from 1 to 6. Rating 3 has about 7 cases, rating 4 has about 24 cases, rating 5 has about 33 cases, and rating 6 has about 8 cases.

Stability

Summative Questions: Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

Findings: 61% of cases reviewed were in the acceptable range (4-6). This is a significant decrease from last year's score of 73%.

Stability Distribution
72 cases

A bar chart titled "Stability Distribution" with the y-axis labeled "number of cases" ranging from 0 to 20, and the x-axis labeled "Ratings" from 1 to 6. Rating 2 has about 10 cases, rating 3 has about 18 cases, rating 4 has about 16 cases, rating 5 has about 18 cases, and rating 6 has about 10 cases.

Appropriateness of Placement

Summative Questions: Is the child in the most appropriate placement consistent with the child's needs, age, abilities and peer group and consistent with the child's language and culture?

Findings: 96% of cases reviewed were in the acceptable range (4-6). The region has maintained this high percentage for the second year in a row.

Placement Distribution
72 cases

Prospects for Permanence

Summative Questions: Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in enduring relationships that provide a sense of family, stability, and belonging?
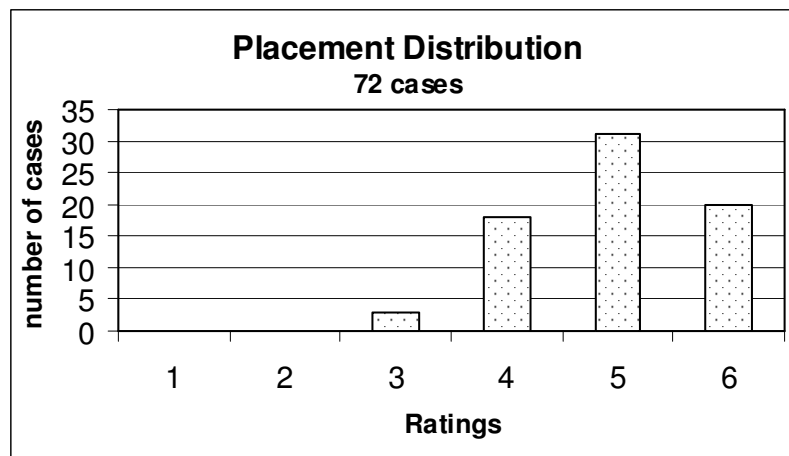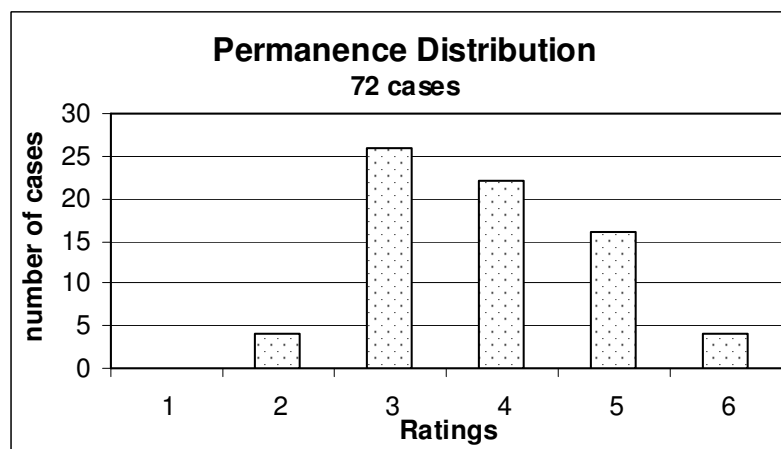
Findings: 58% of cases reviewed were within the acceptable range (4-6). This is a significant decrease from last year's score of 76%.

Permanence Distribution
72 cases

Health/Physical Well-Being

Summative Questions: Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

Findings: 99% of cases reviewed were in the acceptable range (4-6). This is a slight decrease from last year's score of 100%.

Physical Well-being Distribution
72 cases
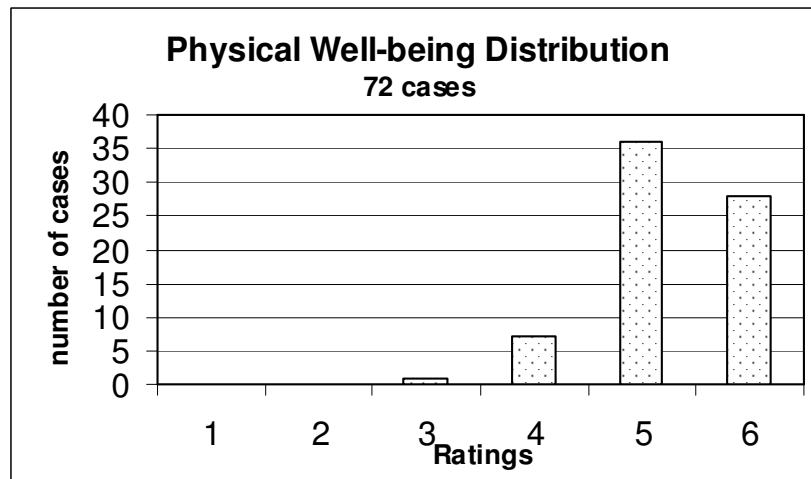
Emotional/Behavioral Well-Being

Summative Questions: Is the child doing well emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?
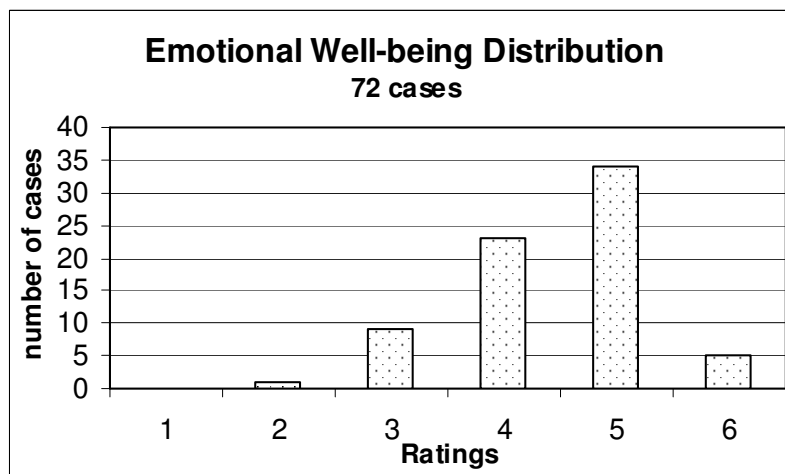
Findings: 86% of cases reviewed were within the acceptable range (4-6). This is an increase from last year's score of 85%.

Emotional Well-being Distribution
**72 cases**

21

Learning Progress

Summative Question: (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/her age and ability? Note: There is a supplementary scale used with children under the age of five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

Findings: 88% of cases reviewed were within the acceptable range (4-6). This is an increase from last year's score of 82%.

Learning Progress Distribution
72 cases
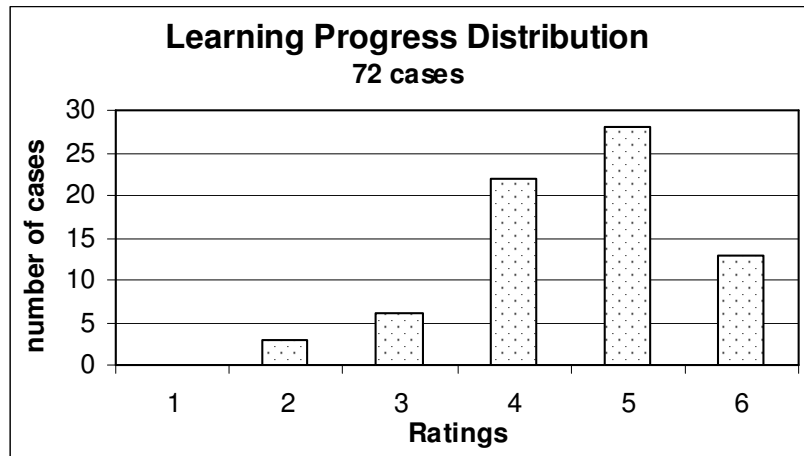
Caregiver Functioning

Summative Questions: Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?
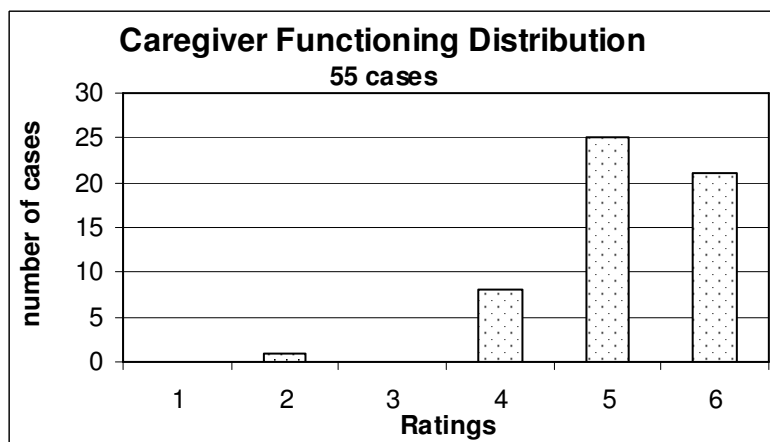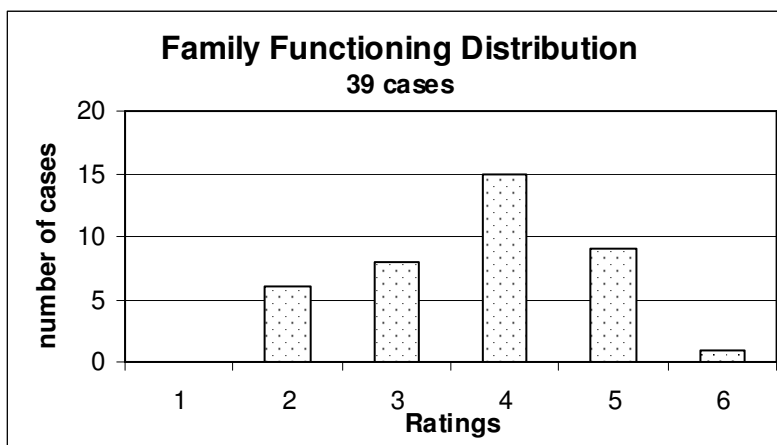
Findings: 98% of cases reviewed were in the acceptable range (4-6). This is a slight decrease from last year's score of 100%.

Caregiver Functioning Distribution
55 cases

Family Functioning and Resourcefulness

Summative Questions: Does the family with whom the child is currently residing or has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

Findings: 64% of the cases that were scored on this indicator were within the acceptable range (4-6). This is a significant decrease from last year's score of 75%.

Satisfaction

Summative Question: Are the child, parent/guardian, and substitute caregiver satisfied with the supports and services they are receiving?

Findings: 92% of cases reviewed were within the acceptable range (4-6). This is a decrease from 99% last year.

Overall Child and Family Status

Summative Questions: Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a "trump" so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.

Findings: 90% of cases reviewed were within the acceptable range (4-6). The overall Child and Family Status score slightly decreased from last year's score of 91%.

Overall Status Distribution

72 cases

Ratings	number of cases
1	0
2	0
3	7
4	18
5	31
6	16
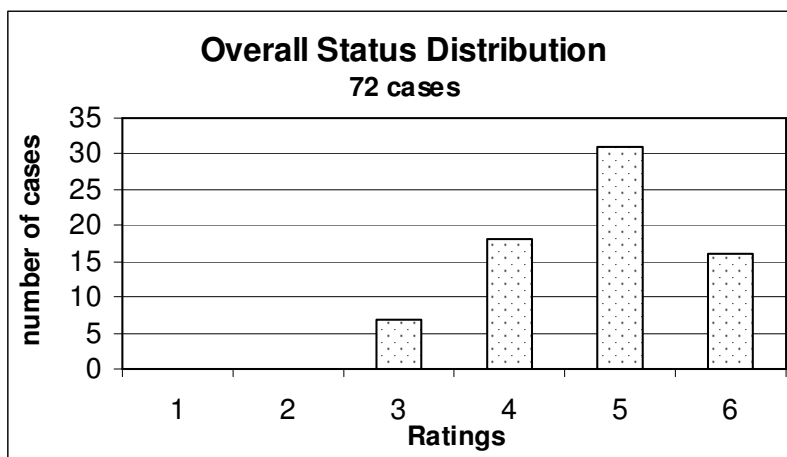
System Performance Indicators

Overall System

Salt Lake Region System Performance											
	# of cases (+)	# of cases (-)	Standard: 70% on **Shaded** indicators Standard: 85% on overall score	FY06	FY07	FY08	FY09	**FY10 Current Scores**	**Trends**	
Child & Family Team/Coordination	57	15	79%	75%	87%	71%	73%	**79%**	Above standards	
Child and Family Assessment	52	20	72%	69%	79%	67%	78%	**72%**	Decreased but above standard	
Long-term View	47	25	65%	56%	73%	64%	78%	**65%**	Decreased and below standard	
Child & Family Planning Process	50	22	69%	68%	93%	71%	72%	**69%**	Decreased and below standard	
Plan Implementation	66	6	92%	79%	89%	88%	97%	**92%**	Decreased but above standard	
Tracking & Adaptation	62	10	86%	75%	87%	88%	91%	**86%**	Decreased but above standard	
Child & Family Participation	62	10	86%	80%	97%	94%	91%	**86%**		
Formal/Informal Supports	67	5	93%	80%	93%	84%	94%	**93%**		
Successful Transitions	54	16	77%	70%	82%	78%	81%	**77%**		
Effective Results	59	13	82%	82%	89%	87%	85%	**82%**		
Caregiver Support	53	1	98%	94%	98%	100%	98%	**98%**		
Overall Score	**62**	**10**	86%	**76%**	**93%**	**88%**	**93%**	**86%**	Decreased but above standard	

0%   20%   40%   60%   80%   100%

25

Child and Family Participation

Summative Questions: Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

Findings: 86% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 91%.
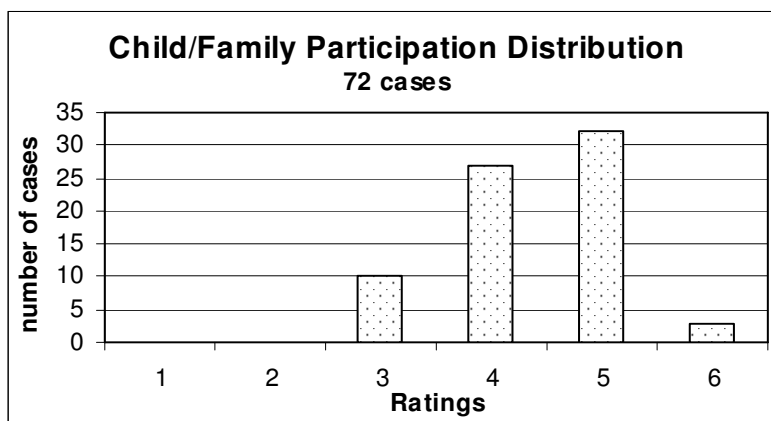
Child and Family Team and Coordination

Summative Questions: Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of services across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

Findings: 79% of cases reviewed were within the acceptable range (4-6). This is an increase over last year's score of 73%.

Child and Family Assessment

Summative Questions: Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a "big picture" understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?
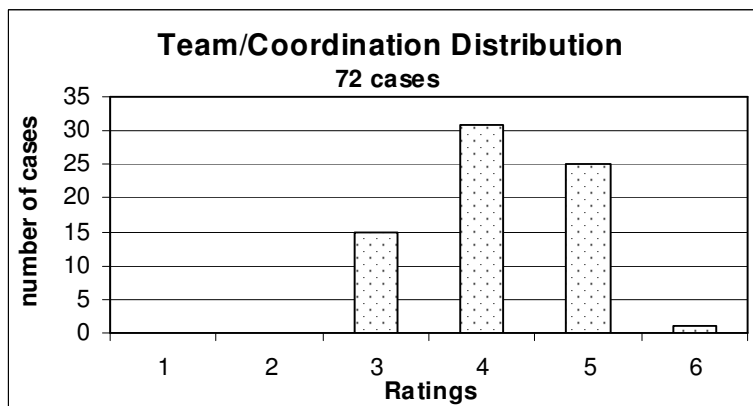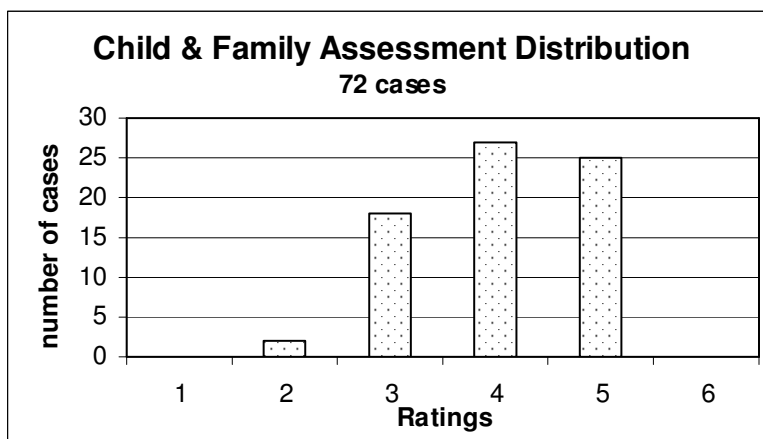
Findings: 72% of cases reviewed were in the acceptable range (4-6). This is a decrease from last year's score of 78%.

Child & Family Assessment Distribution
72 cases

number of cases vs _Ratings_

Long-Term View

Summative Questions: Is there an explicit plan for this child and family that should enable them to live safely and independent from the child welfare system? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

Findings: 65% of cases reviewed were within the acceptable range (4-6). This is a significant decrease from last year's score of 78%.

Long-term View Distribution
72 cases

number of cases vs _Ratings_
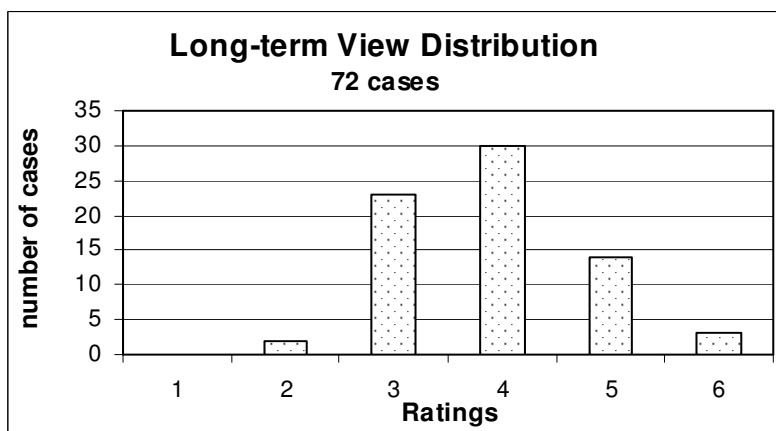
Child and Family Planning Process

Summative Questions: Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

Findings: 69% of cases reviewed were within the acceptable range (4-6). This is a decrease from 72% last year.

Planning Process Distribution
72 cases

(Bar chart: x-axis "Ratings" 1-6; y-axis "number of cases" 0-30. Values: 1=0, 2=3, 3=19, 4=28, 5=21, 6=1)

Plan Implementation

Summative Questions: Are the services and activities specified in the child and family plan 1) being implemented as planned, 2) delivered in a timely manner, and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the plan?
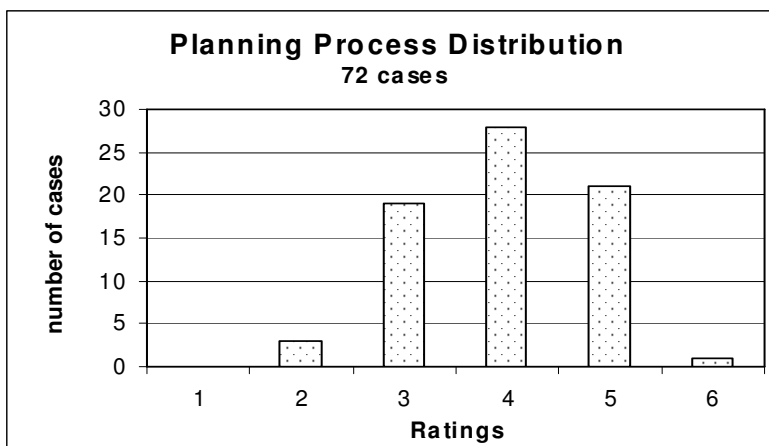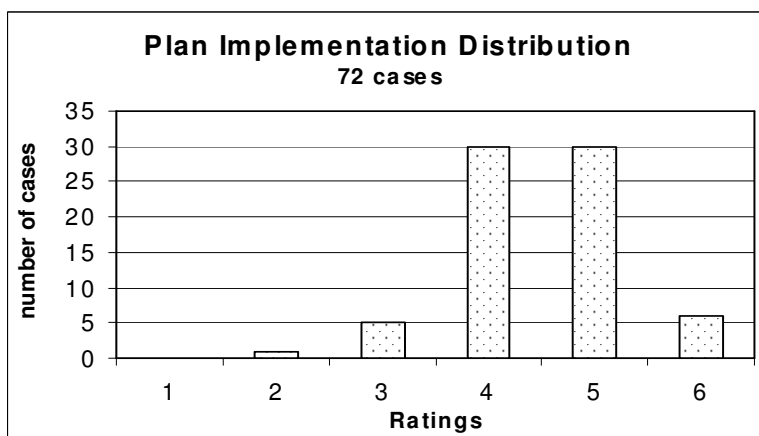
Findings: 92% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 97%.

Plan Implementation Distribution
72 cases

(Bar chart: x-axis "Ratings" 1-6; y-axis "number of cases" 0-35. Values: 1=0, 2=1, 3=5, 4=30, 5=30, 6=6)

Formal and Informal Supports and Services

Summative Questions: Is the available array of school, home, and community supports and services provided adequate to assist the child and family reach levels of functioning necessary to achieve the goals of the child and family plan and for the child to make developmental and academic progress commensurate with age and ability?

Findings: 93% of cases reviewed were within the acceptable range (4-6). This is a slight decrease over last year's score of 94%.

Formal/Informal Supports Distribution
72 cases

Successful Transitions

Summative Questions: Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

Findings: 77% of cases reviewed were within the acceptable range (4-6), which is a decrease from last year's score of 81%.

Successful Transitions Distribution
70 cases

Effective Results

Summative Questions: Are the planned education, therapy, services, and supports resulting in improved functioning and achievement of desired outcomes for the child and family that will enable the child to live in an enduring home without agency oversight?
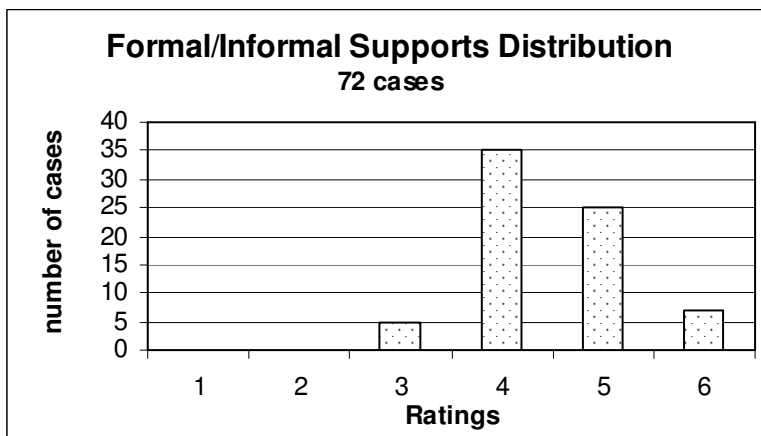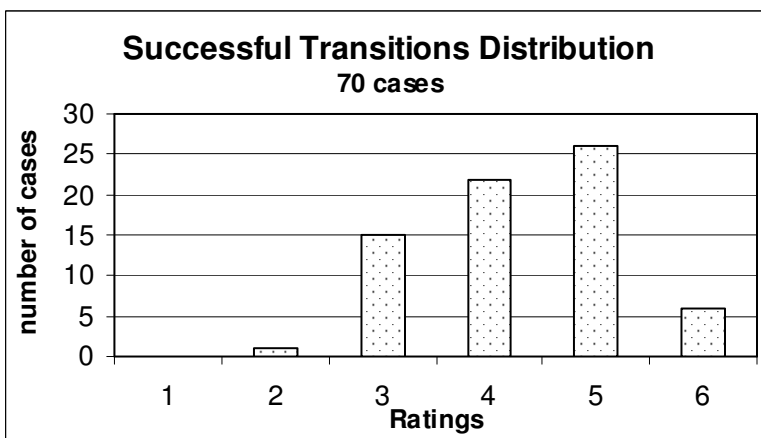
Findings: 82% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 85%.

Effective Results Distribution
72 cases

Ratings	number of cases
1	0
2	3
3	10
4	25
5	30
6	4
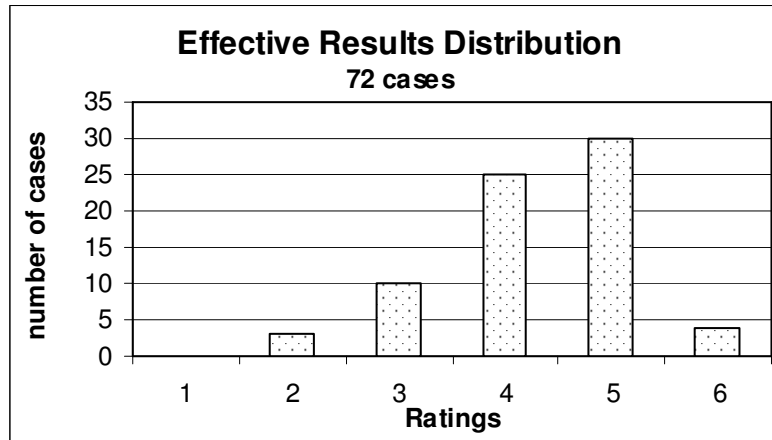
Tracking and Adaptation

Summative Questions: Are the child and family status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and family and to apply knowledge gained about service efforts and results to create a self-correcting service process?
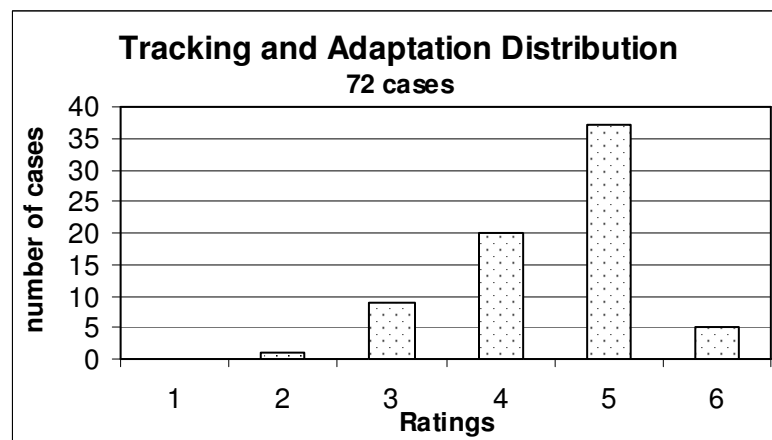
Findings: 86% of cases reviewed were in the acceptable range (4-6). This is a decrease from last year's score of 91%.

Tracking and Adaptation Distribution
72 cases

Ratings	number of cases
1	0
2	1
3	9
4	20
5	37
6	5

Caregiver Support

Summative Questions: Are the substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or care giving functions reliably for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

Findings: 98% of cases reviewed were in the acceptable range (4-6). This is the same percentage as last year.
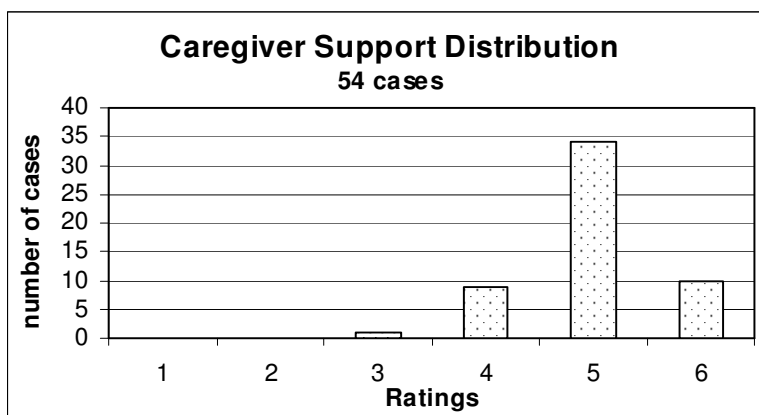
Overall System Performance

Summative Questions: Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

Findings: 86% of cases reviewed were within the acceptable range (4-6). The Overall System Performance score decreased from last year's score of 93%.
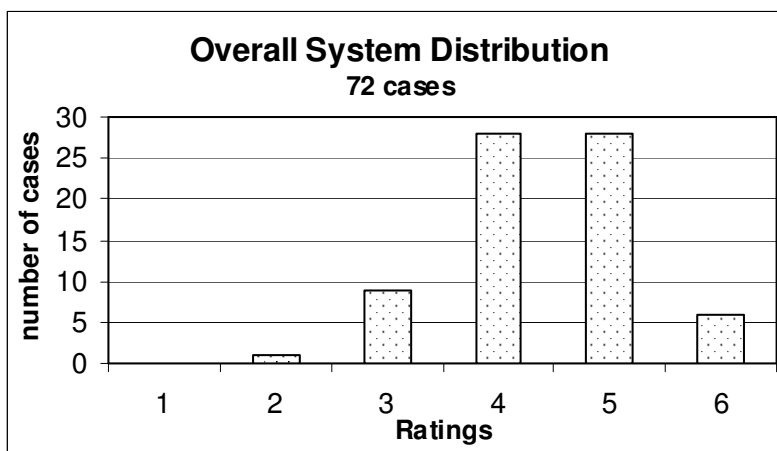
Status Forecast

One additional measure of case status is the reviewers' prognosis of the child and family's likely status in the next six months, given the current level of system performance. Reviewers respond to this question: "Based on current DCFS involvement for this child, family, and caregiver, is the child's overall status likely to improve, stay about the same, or decline over the next six months?"

Of the 72 cases reviewed, 67% (48 cases) anticipated an improvement in family status over the next six months. In 33% (24) of the cases, family status was likely to stay about the same. There were no cases that were anticipating that the family's status would decline over the next six months.

Six Month Family Status Prognosis

Continue: status quo 33%
Decline 0%
Improve status 67%

- Improve status
- Continue: status quo
- Decline
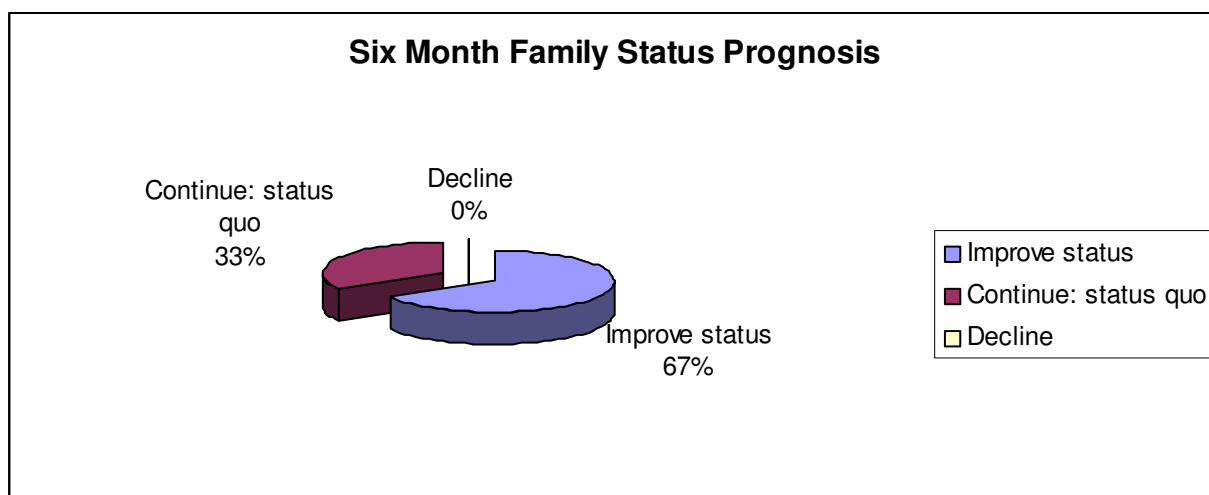
A case with a prognosis of "likely to improve" over the next six months is considered positive. The question then becomes, what about the cases where it is anticipated that things will "stay about the same" over the next six months? For a family that is doing well, a prognosis of staying about the same could be positive. For a family or child with poor status, it would be negative to be in the same position in six months. The data indicates that of the 24 cases with a prognosis of staying about the same over the next six months, 20 cases had acceptable ratings in child and family status. Of those 20 cases, 16 cases were rated as either substantially acceptable or optimal status so it would be a positive expectation for those to continue status quo. The remaining four cases with a prognosis of staying about the same had unacceptable ratings in child and family status. Of the total 72 cases in the review, four cases had a negative prognosis.

Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

The desired result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient or resourceful children and families, or children and families who have some "champion" or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The outcome matrix for children and families reviewed during the Salt Lake Valley Region review indicates that 80.6% of the cases had acceptable ratings on both Child Status and System Performance. There were three cases that rated unacceptable on both child status and system performance.

	Favorable Status of Child	**Unfavorable Status of Child**
	Outcome 1	**Outcome 2**
Acceptable System Performance	Good status for the child, agency services presently acceptable. n=58 80.6%	Poor status for the child, agency services minimally acceptable but limited in reach or efficacy. n=4 5.5%
	Outcome 3	**Outcome 4**
Unacceptable System Performance	Good status for the child, agency mixed or presently unacceptable. n=7 9.7%	Poor status for the child, agency presently unacceptable. n=3 4.2%

Summary of Case Specific Findings

Case Story Analysis

For each of the cases reviewed in Salt Lake Valley Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewers' perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the caseworker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level, only the key Child Status indicators and core System Performance indicators are included.

Child and Family Status

Safety

The safety indicator represents one of the fundamental responsibilities of the child welfare system. Although there is no perfect guarantee of safety under any circumstances (within or outside of the child welfare system), safety is more likely when key indicators of system performance are reliably present. Safety is a "trump" exam meaning that overall child status on each case is acceptable only when safety is rated in the acceptable range. Safety is scored in two separate areas- safety for the child and child risk to others.

In the cases that had an acceptable score in safety, the safety issues had been identified and addressed in the plan and by the team. The following case exemplifies how team members work together to effectively manage an identified safety risk.

> *Everyone on the team extolled the commitment the grandparents have made to [target child] and her siblings and the quality, safe, care the children have received. There have been recent concerns expressed about [father], [target child's] father, once he gets out of prison. He expressed that he will seek visitation once again with his children and may even seek to gain custody. [Mother] has stated that he is violent and the children are afraid of him. DCFS has worked with the court and obtained restraining orders and protective orders which are in place to keep [father] from contacting the children without court approval and appropriate supervision. The mother is afraid that [father] will harm her once he is released. DCFS has also held a safety planning meeting with the school, which included basically all of the team including mother and grandparents. This safety planning meeting was designed to prepare the school and others to deal with the father if he should show up without proper authorization. Everyone on the team was alerted to contact the police in the event something like this should happen. With the extraordinary*

34

steps that have been taken and the current living situation with the grandparents, [target child's] safety is optimal and she certainly presents no risk or threat to anyone. Her teacher stated that she is a model student in her class.

The following case example illustrates how an inadequate safety plan or a safety plan that is not shared with team members can fail to appropriately manage identified safety issues.

There is concern about [target child's] safety based on several factors. [Target child's] situation has not improved at home, with the exception that she likes the DCFS social worker who meets in the home on a weekly basis. In spite of this intervention, [target child] still spends nights out of the home, with no one knowing where she is. Only one individual considered the possibility that [target child] may be spending nights with an aunt, who lives in the area, but this has not been verified. [Target child] recently had a miscarriage, but for the most part her behaviors haven't changed. Family members report that she is still involved with as many as three different gangs, with little chance of being able to successfully get away from their influence. Her lower IQ increases her risk of being used by others, which is a concern that appears not to have been addressed. Given her continued risky behaviors and the fact that there is no safety plan in place, with the exception of one reported by the DCFS worker, which includes he and the probation officer having regular contact with each other to share concerns about [target child]. The family is not aware of this plan, which is some cause for concern.

There were seven cases in which safety was rated as unacceptable. In six of the cases, the child's safety was considered to be at risk. In one of the seven cases, the child's safety was adequate but the child was considered to be a risk to the safety of others. Five of the seven cases involved teenagers ranging from 14 to 18 years old. In each of those cases, the youth struggled with significant behavior and delinquency issues. The youth often put themselves at an elevated risk of harm due to their acting out. The other two cases that had unacceptable safety ratings involved an 11 year old and a 1 year old. In the case with the 11 year old, the issue of physical abuse by the parent had not been adequately addressed and there were also concerns related to a sexual perpetrator residing in the home. In the case with the 1 year old, the child remained in the home where she continued to experience serious injuries without any explanation that was consistent with the medical evidence and steps to ensure safety were not planned. Overall, safety was considered unacceptable in five of the seven cases because of unmanaged safety risks due to no safety plan or inadequate safety planning to manage the known risks.

Stability

Stability is an important indicator of well-being for children, especially for those in foster care. Stability in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and optimal social development.

The following case story illustrates the caseworker and caregivers' recognition of the importance of maintaining consistency for children in foster care. Efforts were made to maintain stability in the child's living arrangements, school and services.

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[Target child's] stability is optimal. She has never been placed by DCFS. When she came into DCFS custody she had already been placed with her aunt and uncle by her mother. DCFS determined that this was and is the best placement for the girls. They will remain with their aunt and uncle until they are reunified with their mother. If this does not occur they will be adopted by their aunt and uncle. The team has also discussed the need to keep as much consistency as possible in the girls' lives, so they will look for housing for [mother] in the school area that the girls are now attending when the time is right. The professionals in this case have also been stable. [Mother's] therapist has been working with her for the past five years. The girls' therapist did their mental health evaluations and the foster mother asked if she would continue to work with the girls. She agreed. The caseworker has also been the same from the beginning of the case.

Instability in living arrangements and caregivers as well as significant changes in important relationships can have a negative impact on a child. One case story illustrates how multiple moves and school changes were problematic for a child.

The children were placed in shelter and remained there for about two months due to the difficulty of finding a home that would take a sibling group, as well as their difficult behaviors. At the time of removal concerns surfaced regarding sexual reactivity involving the older brother. Due to these concerns, the two girls were placed in one home and the brother in another until these concerns could be further assessed. The home that [target child] was in struggled from the beginning. She remained in that home for about two months at which time the team determined that the sexual reactivity was not currently an issue and could be managed so they moved the girls in with their brother. In addition the home that [target child] was in was not working out very well and the caseworker indicated that she would have moved her anyway. [Target child] has been in three placements since April, this in conjunction with a change in her school setting has negatively impacted stability.

There were 28 cases in which stability was rated as unacceptable. Review of the case stories indicates that stability was problematic because the children experienced multiple changes in placement which resulted in a change in key connections or relationships such as the child's caretaker, school, and therapist. Twelve of the cases struggled with stability due to either uncertainty about the child's future stability or expectation of another move. The case stories also provide some insight into the reasons for the changes in placement. The single biggest contributing factor to the children experiencing multiple placement changes was the acting out or behavior issues of the children. This was evident in 15 of the 28 cases. Four other cases involved caregivers that were not appropriately meeting the needs of the child, which required a change in placement. Some of the other reasons for placement changes included challenges associated with placing a sibling group together and moving a child to a legal risk home.

Prospects for Permanence

Permanency is widely recognized as a primary outcome for children in the child welfare system. Every child is entitled to a safe, secure, appropriate, and permanent home. The following case is an example of the caseworker, family/foster parents, and the parent working together to ensure that the permanency needs of the children are met.

> *[Target child] and her sister are living with their paternal uncle and his wife. The aunt and uncle are ready, willing and able to adopt both girls at any moment. [Aunt/foster mother] is also willing to support [mother] as she regains custody of the girls. They both love the girls and will do whatever it takes to be sure they are safe and happy short of having [mother] come live in their home. [Mother] is also determined to make the progress she needs to provide a safe home for her daughters. She is doing well in the treatment center and since she is only half way through the permanency timeframe, she has plenty of time to accomplish what she needs to in order to be successful. Because of this permanency is pretty much guaranteed.*

Inadequate permanency often results when a child is not residing with caregivers where the relationship is expected to endure until the child becomes an adult. The plan for meeting a child's need for permanency is considered unacceptable if the child does not have enduring relationships that provide a sense of family, stability, and belonging as demonstrated in the following case example.

> *[Target child] is now 18 years of age. [Target child] maintains a relationship with his mother, but she has little more to offer than an occasional visit. [Target child's] father has refused to entertain the idea that [target child] will ever come back to the household. [Target child's] connections with informal supports have steadily declined over time. No individual has been identified by [target child] or the team to provide [target child] with a sense of connectedness or a safety net for independence. [Target child] himself does not strike any member of the team as being independent, resilient, or currently capable of meeting his own basic needs.*

There were 30 cases in which the child's prospects for permanency were rated as unacceptable. Review of the case stories indicates a few common themes which include: The team's uncertainty about the future plans for the child; the team not viewing the permanency plan as realistic; minimal or no effort on a concurrent permanency plan. The case stories also identify several underlying issues that made achieving permanency more difficult. Issues included the child struggling with significant behavior issues (8 cases), the child being in residential treatment programs (7 cases), concerns with the caregivers' abilities (5 cases), the caregiver being unwilling to adopt or take guardianship (4 cases), and the fear of losing DSPD services (2 cases).

Family Functioning and Resourcefulness

The readiness of families to function safely and independently without extensive formal supports is a key long-term indicator of sustainable progress. The family's ability to function and obtain

appropriate supportive resources is a strong component of children being able to be safely maintained in their home or being able to be successfully returned home. The case example below exemplifies how parents who are proactive in obtaining services and resources can elevate their family's level of functioning.

> *Much of the success that this family has experienced is based on the proactive efforts of the parents. They have been able to secure employment during a time of recession, they have been able to quickly get into housing, and they have been very active in getting into treatment and drug court. The parents have sought out healthy individuals to help them with baby-sitting, transportation, and other needs. They have been working to be as self-reliant as they can as they manage their treatment, home life, work, and other responsibilities. The extended family has also been very helpful. They helped the family with furnishing their home and helped them move in. Because they have had such a good work ethic and a positive attitude, many professionals and informal supports have been willing to give them the chances and opportunities that they have needed to succeed. It was evident that the parents are internalizing many of the things they have been learning in treatment and putting new behaviors into practice.*

In some cases, the parents' inability to take charge of their situation can be a barrier that prevents a child from being able to return home or from being able to safely maintain the child in their home. Problematic parent readiness is evident in the following case story example.

> *The family is not in a position at this time to care for [target child] and meet his needs. The mother is having trouble taking care of herself. [Mother] has diabetes. and has not recognized the need to meet her own health and housing needs. Her therapist reports that [mother] appears to be unconcerned with her lack of stability, lack of money, and her violent relationship with [father]. [Mother] shows no insight into how her environment could have a negative effect on [target child]. Her therapist feels that [mother] may also be using drugs again. Her physical appearance has deteriorated and she has been showing paranoid personality traits indicative of drug use. [Mother] is still homeless, living with friends. She has not used the supports that have been set up for her through DCFS and DWS, such as the [local shelter] and bus passes. [Mother] states feeling frustrated, stating that she has tried to get low income housing, but is not eligible for it unless she has her child back. She has been told by the caseworker that in order to regain custody of [target child], she needs to actively participate in treatment. She has not done so. She has not taken a UA since August 26, 2009.*

There were 14 cases in which the family's level of functioning and resourcefulness was rated as unacceptable. In regards to family resourcefulness, the two barriers mentioned most often were the lack of supports to the family and issues with appropriate housing. In regards to family level of functioning, the primary barrier centered on the parents' insufficient level of engagement in services. Other concerns mentioned most often were inadequate parenting skills and parents' unwillingness to accept responsibility for their situation.

System Performance

Child and Family Team and Coordination

The use of child and family teams is a core aspect of the Practice Model and leads to success in many other areas of system performance. Effective teaming is often mentioned as a key element in cases that scored well on overall system performance. The following example illustrates a worker's effective use of teaming in decision-making and case planning.

> *Team members speak of their communication and coordination in terms of "family meetings" and "teaming." Team meetings have included [target child], the mother, proctor parents, therapist, tracker, and the health care nurse. The GAL and school have been to at least one of the team meetings. The proctor parents indicated that they felt listened to and the worker takes a lot of stock in what they have to say. The caseworker has been used as the central point of contact. There has been evidence of effective team decision-making throughout the case. For example, the caseworker had been pressing [target child] on maintaining employment as part of his TAL goals. Many of the other team members felt like [target child] would be better served by waiting on the employment requirement and let him focus on his schooling and extracurricular activities. It was felt that those two things were doing more to help prepare him for independence than having a job would at this point. The plan was adjusted to delay the employment expectation until the summer break.*

Inadequate teaming leads to ineffective planning. The case below demonstrates how having key members not involved in the teaming results in a lack of shared information and diminished understanding of the parent's situation.

> *The team consisted primarily of the biological parents and foster parents. An important Probation Officer (mother's) could have made a valuable contribution to the team, as she had fairly regular contact with [mother] and was the person who had a great deal of input with the court regarding [mother's] incarcerations. Had the PO been a member of the service team, the Permanency worker would have known [mother's] whereabouts when [mother] failed to appear for court hearings or when she missed visits with [target child] for a period of six weeks. Other important contributors to the team could have been [mother's] mental health therapist and representatives from Vocational Rehabilitation and the Department of Workforce Services. Although the Permanency worker indicated that she had spoken with the biological and foster parents about service planning, the foster parents did not realize that they had participated in the process.*

There were 15 cases that rated as unacceptable on Child and Family Teaming and Coordination. Review of these 15 case stories revealed three primary concerns. The concern mentioned most often was key members missing from the team. Missing key members included relatives, therapist, probation officer, school, GAL, health care nurse, Guardian ad Litem, DWS worker, and Vocational Rehabilitation worker. Another concern mentioned often was not having the whole team meet together face to face for planning and coordination purposes. Another concern mentioned in a few cases was the family's lack of ownership of the team and their perspective

that the team was DCFS driven. These three concerns became problematic for teaming and coordination in that it often lead to poor information sharing, divided teams, and ineffective team functioning.

Child and Family Assessment

Formal and informal assessments are critical in developing an understanding of the child and family and how to best provide effective services for them. The following example exemplifies how good use of formal and informal assessments can enhance a team's planning and intervention.

> *The Child and Family Assessment document appears to have the key needs and concerns identified. The family assessment was augmented with formal third party assessments (ages and stages, drug and alcohol assessments, and therapy updates). There is a good flow of information from the assessment to the plan. The team all felt confident in what is understood regarding this family and they feel that the underlying needs are understood sufficiently to help the family find success. The parents work hard to be transparent and keep in contact with the caseworker. They also are being reviewed twice a month in drug court. The team is aware of this family and their needs. There were times in the case where the understanding did not come right away. However, as the worker and the team understood the nature and complexity of these concerns, steps were taken to address these issues and plan for the success and safety of the children and family.*

Lack of a good, shared assessment among team members can lead to poor planning and ineffective results. The case example below demonstrates how lack of assessment can result in the team failing to address key issues that, if addressed, would help the family be successful.

> *Some strengths and needs for the family have been identified, but there have been some obvious and important needs that have been overlooked. There has been no assessment regarding the physical abuse issue and whether [target child] remains safe from further physical abuse. In addition, the mother reports significant feelings of being overwhelmed and stressed. This seems to be a key issue for the family, yet it has not been assessed or addressed in any formal or informal assessment. Currently, there is still a vital assessment missing in regards to both [target child's] and the mother's mental health needs as well, though this is planned. The assessment process seems to be addressing some of the presenting problems, but it is underpowered in regards to the underlying needs of the family.*

There were 20 cases that struggled with Child and Family Assessment. Review of those case stories indicates that the most common problem with the team's assessment of the family was missing key pieces. Missing key assessment pieces included information regarding the family's history, strengths, and culture. Other missing key pieces included assessment regarding the caretaker's capacity, school, permanency, needs, barriers, and Native American heritage. Many of the 20 cases identified the lack of understanding regarding the child or family's underlying issues as a reason the assessment was considered inadequate.

Long-Term View

A long-term view addresses a child's need for enduring safety and permanency. A long-term view helps create a plan for the family that should enable them to live safely and independent from the child welfare system. The following is an example of how a shared long-term view can guide a family and team in their efforts to reach the case goals.

> *The entire team shared the vision for [target child] and his family, and worked toward that goal. The assessment included a written long-term view that encapsulated what the parents and children would need to do, both now and in the future, to ensure the safety and well-being of the family. Not only did the team share the long-term view, but the family also articulated it as their own guiding statement for their family for the foreseeable future.*

An inadequate long-term view can translate into fragmented planning and decrease the likelihood of success in future transitions. The case example below illustrates how an unrealistic long-term view can fail to produce the desired result of enduring permanency and safety.

> *The long-term view is built solely on the parents' desired outcome that [target child] will remain at home, without addressing how that can realistically be achieved and sustained while assuring the safety of the child. The written statement talks about administering proper medical care and maintaining close parent-child bonds, things that the family has already achieved, but doesn't talk about how safety will be achieved and what the concurrent plan will be if the safety of the child is not assured in the home. Concurrent planning is a crucial aspect of this case because additional injury to the child appears probable. The injuries remain unexplained and the pattern of the child being injured every two to three months has not yet been broken. The doctor will recommend removal if/when another injury occurs.*

There were 25 cases with an unacceptable rating on Long-term View. The majority of the concerns regarding the long-term views centered on three issues. One concern was the lack of essential steps needed to achieve the long-term goals. Another concern often identified was team members not sharing the same long-term view of where the child or family was headed. The third issue was long-term views that did not address providing for the child's needs for enduring permanency and safety. Unacceptable long-term views were often described as vague, under-developed, unrealistic, or outdated.

Child and Family Planning Process

Child and Family Planning Process has two primary elements: the written plan, which is considered a legal document, and the process used to create the plan. The written plan should be individualized and relevant to the needs and goals of the family. The following case example demonstrates some benefits of a well written plan that was developed with team members' input.

> *The caseworker has taken the time to write a plan that specifically and personally meets the needs of the parents. The written document clearly defines each team member's*

responsibilities and the parents' steps to meeting requirements. Through several team meetings, the caseworker has addressed the concerns of parents and team, making sure that there was clear communication and everyone understood the plan. All team members were well aware that there was a child and family plan and what was in it. Caseworker appeared to gather each team member's input and placed it in the plan. Each member felt that there was good communication with the caseworker through emails and phone calls. The overall feeling was that they were heard and supported.

Another case example demonstrates how an outdated plan becomes irrelevant as a tool for planning and information sharing among team members/service providers.

Although there is a working plan in place for [target child], the written plan is out of date and does not reflect current circumstances. It could not be used to effectively guide case planning, and would not be helpful to someone coming onto the case seeking to follow through on the existing plan. The plan refers to home and school placements that were in place last spring. The permanency goal changed in June, but the document still reflects the original goal. There is also a need to share the plan with the new team members. The therapist reported that he does not know what the goal is for [target child] or what DCFS is trying to accomplish with her or her father.

There were 22 cases in which the Child and Family Planning Process was rated as unacceptable. The majority of the cases (19) had issues connected to the written plan while six cases were identified as having issues related to the planning process. The biggest issue related to the written plans was that the plans were not reflective of the current situation or what had been accomplished. The plans were outdated and had not adapted to the evolving case. The other primary concern regarding the written plans was the plan missing key objectives on identified issues. Cases that struggled with the planning process portion shared one common issue. The issue was the family's perception that the plan was created by DCFS so the family had no sense of ownership in the plan or a sense that they helped develop the plan.

Plan Implementation

A plan that is being implemented in a meaningful way produces measurable results. The following case example demonstrates how a successfully implemented plan can produce positive results.

The implementation of the plan in this case has been optimal. As soon as [target child's] mother entered Family Dependency Drug Court and the [residential treatment program], the strategies, supports and services were immediately and effectively implemented and have been since that time. The intensity of services has produced the desired results of the family being fully reunited after only six months in care and mom's sobriety since the beginning of DCFS involvement in June of 2008. The [residential treatment] program is responsive and dependable, making adaptations as situations change, as evidenced by the two-week probation given to [target child's] mom when she was seen at a bar and was not following her treatment program.

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Lack of plan implementation often prevents timely services or the services are not provided at an appropriate level of intensity. The following case example demonstrates how poor plan implementation results in ineffective services.

The team lacked a clear vision for this family; the implementation of the plan was ineffective. The underlying needs for the mother and father were not clearly identified, leaving the service delivery and coordination lacking in their desired results. The mother could not and would not engage in the services as they were outlined. This presented many difficulties in others on the team carrying out their part. No one knew what was going to happen if the mother failed, because the caseworker firmly believed the mother would be successful, even though there was information and supportive documentation to indicate otherwise. The needs on the plan were not clearly defined or agreed upon, and this presented problems as well with the various team members.

Tracking and Adaptation

Good tracking and adaptation helps with monitoring progress and adapting to evolving needs of the child and family. Consider the following example.

The tracking and adaptation has been really good. With the number of team meetings that have occurred and the good communication of the team, this has been a natural outcome. Some examples of good tracking and adaptation have been the monitoring of the girls' placement initially and making changes once it was appropriate. They have done a good job of monitoring the visitation and are in the process of appropriately adjusting that as well. In addition the caseworker has done a good job of monitoring the visits and providing mentoring and feedback to the grandmother in an effort to improve the visits and help them be of value to the children. The team has also been tracking the grandmother's progress in therapy and has been looking at ways to improve her involvement in the case. They are making adjustments with the therapy based on assessments of the situation.

When a case struggles with tracking and adapting, it often leads to issues not being addressed which can be detrimental to case goals. Failing to adapt can result in a case being "stuck" as evidenced in the following example.

The mother and father continued to fail their random UA's, the mother was not willing to complete the court-ordered substance abuse treatment, and had an attitude of not needing to complete her service plan. There do not appear to have been efforts to identify what kind of treatment might have been more successful for this mother. The plan did not change in response to the long record of failed services. Somehow, there was a belief that no decision could be made without the judge ordering it. This left [target child] in a home that many on the team knew was not the best place for her should the mother fail to complete her plan successfully.

V. Practice Improvement Opportunities

During the Qualitative Case Review process, opportunities for practice improvement were observed and identified regarding the system and case management. At the conclusion of each two-day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present two or three practice improvement opportunities on their case that could improve case outcomes. The suggestions have been categorized into common themes, which are listed below.

Engaging
In cases where engaging needed improvement:
- There were missed opportunities to engage with parents that were challenging to engage with. Threats of removal were used rather than a good engagement process.
- The contentious working relationship between the mother and the caseworker translated into a barrier for the case.

Teaming
In cases where teaming needed improvement:
- One of the key family members, the grandfather, was missing from the team. As a result, the grandfather was unaware that the team was relying on him to provide supervision when the mother was not around.
- Informal supports such as extended family members and church members had not been invited to team meetings. It would have been beneficial to include the informal supports as the foster parents prepared for the adoption.
- None of the service providers were included in the team meetings. Key team members such as the mother's probation officer were not included in the team meetings. The probation officer had critical information about the mother that would have benefited the team who often had trouble tracking the mother.
- Family team meetings appeared to be more like home visits.
- Reunification services had been terminated for an extended period. There was a need to shift the team building around the adoptive parent rather than the birth parents. The adoptive parent had good formal and informal supports that were not being included in the teaming.
- The school reported that it would have been helpful to them to have been included in the team meetings.
- The team was experiencing some fragmented communication, which could have been resolved by bringing both the formal and informal teams together for improved planning.
- There were missed opportunities for team meetings during critical times in the case such as when the child was returned home. There was a need for the team to address who would handle future potential issues in the home.
- The caseworker coordinated individually with each of the team members but the team had never come together to help address the case challenges. This created an undue burden on the caseworker and produced poor results.

- Key team members such as AAG, GAL, school staff, and health care nurse were not involved in team meetings.
- There was no translator at team meetings so the mother was confused and struggled to understand what was happening.
- The adolescent child was not invited to team meetings and meetings were held during the day when the child was in school.

Assessment

In cases where assessment needed improvement:
- There was a lack of formal assessment of the mother and her domestic violence and substance abuse issues, which made planning more difficult. The team didn't have a full picture of the mother's underlying needs that were driving her substance abuse problems.
- The formal assessment focused on the child. There was no assessment information on the parents. As a result, the team overlooked some obvious needs.
- The assessment was missing some critical underlying issues like an understanding of past sex offenses. The current therapist didn't know about the past sex abuse. The lack of assessment contributed to the case being stuck.
- There needed to be an assessment of the relative's ability to provide a safe, structured, and enduring home prior to placing the youth in the home. More information was needed to determine what supports would have benefited the relative.
- The child and family assessment did not include any current formal assessments. The recommended developmental assessment of the child was never completed.
- Because the case was a delinquency case, there had been inadequate focus on the family and changes they needed to make. The need for the parents to provide better supervision of the child was not getting addressed.
- The assessment document had not been updated for over a year. Much more was known than was captured in the document.
- Two children were not identified as Native American and were probably eligible for ICWA.
- The caseworker and therapist had not reviewed the previous assessments so they were not aware of the severity of the child's issues.

Long-Term View

In cases where long-term view needed improvement:
- There was no clear understanding of what the mother would need to do in order for her voluntary case to be closed. Team members were unclear on what the expectations were and what the goals were. There was no concurrent plan of what would happen if mother didn't succeed.
- The written long-term view was minimal and generic which caused some confusion regarding the permanency plan. The steps to permanency were not outlined.
- Team members had very different opinions about the anticipated outcome of the case and what should happen with the children. There was no shared "big picture" of the plan for permanency.

- The long-term view did not include steps identifying what services would need to be in place for the child to be successful after returning home. This resulted in a gap in services right before the anticipated case closure.
- The team was divided about the direction of the case. The team wanted the child to be successful but the team didn't know how to get there.
- The long-term view was too visionary and not realistic.
- The written long-term view was so vague it could fit any child in care.

Planning

In cases where planning needed improvement:
- The written plan contained information regarding the parents' needs but no information regarding the child's needs. The child was participating in a variety of intensive services that were not included in the written plan.
- The planning process was problematic because the worker coordinated with each team member individually. Team members were unaware that their input was being sought to include in the plan.
- The written child and family plan did not reflect the current situation. The second child and family plan was a copy of the original plan. The plan was not updated to reflect major changes such as the transitions and termination of parental rights.
- The services outlined in the plan were directed to the child. No objectives were included regarding the family and the services they needed. The functioning of the parents was considered the barrier to case success but there was nothing in the written plan to address the parents' issues and needs.
- The plan addressed the immediate needs of the child but did not reflect the big picture of the family. The parents only had minimal involvement in updating the plan. The family did not feel like they were heard or had any input in the planning process.
- Neither the written plan nor the implied plan addressed issues related to the rules for visitation. Issues related to the visitation and travel adversely impacted safety.
- The written plan was generic or "canned" and did not address the specific issues of the family.
- The recommendations from the assessment were not incorporated into the plan. The plan was very sketchy and did not reflect the permanency goal.
- The written child and family plan still resembled the original court ordered plan. The services had adapted throughout the case but the actual document did not adapt. There were things in the assessment that should have made it into the plan.

Resources

In cases where resources needed improvement:
- There was a lack of resources for inpatient drug and alcohol treatment.
- NOJOS placements were not available for younger children who needed that level of care.

Transitions

In cases where transitions needed improvement:

- The child's transition to her first placement was abrupt and not well planned. Better planning for the transition could have prevented the need for another change in placement.
- The school did not receive the current assessment and IEP from the previous school in a timely manner. When they discovered the youth was a sex offender, they had to remove him from the physical education class that he should not have been enrolled in.

Kinship

In cases where kinship services needed improvement:

- The kinship family would have benefited from some additional supportive services that assisted them in working with the children's issues. The additional support could have helped the family successfully maintain the children in their home.
- The kinship provider experienced problems with the licensing process, which led to delays in the child being approved for Medicaid.

System Issues

A couple of system issues emerged in analyzing the input from reviewers regarding practice improvement opportunities they observed and identified during their review of the cases.

- Salt Lake region does not have AAG's on delinquency cases. This often places more of a burden on the caseworker when it comes to court hearings. It can also present unique challenges such as one of the cases in which the status of the parental rights was unknown. Because the case is a delinquency case, there were no legal partners (AAG or GAL) on the team to sort out the status of the parental rights.
- One private provider agency discourages direct contact between proctor parents and DCFS caseworkers. The provider agency wants the DCFS caseworkers to always go through the agency to communicate information to the proctor parents. For example, the DCFS caseworker has to give the plan to the agency, and then the agency will pass it along to the proctor parents. The agency collects health reports from the proctor parents, but they don't pass them along to the worker. The agency wants all actions, requests, interactions, etc to go through the agency coordinator. This makes coordination and communication more problematic for the team.

VI. Analysis of the Data

RESULTS BY CASE TYPE AND PERMANENCY GOALS

The following tables compare how the different Case Types and Permanency Goals performed on some key child status indicators, overall child status, core system performance indicators, and overall system performance. Foster care and court ordered Home-based cases performed well on both Overall Child Status and Overall System Performance. Court ordered Home-based cases scored 100% on both Overall Status and Overall System Performance. Voluntary Home-based cases struggled in both Status and System Performance, particularly Family Preservation cases. The seven voluntary Home-based cases were 10% of the total sample but they accounted for 50% of the region's cases with unacceptable Overall Child Status and 40% of the cases with unacceptable Overall System Performance.

Case Type	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Foster Care SCF	57	95%	56%	54%	95%	82%	74%	67%	74%	95%	88%	89%
Home-based PSS	8	100%	100%	88%	100%	88%	88%	100%	75%	100%	88%	100%
Home-based PSC	2	50%	100%	100%	50%	100%	50%	50%	50%	50%	100%	50%
Home-based PFP	5	40%	40%	40%	40%	20%	40%	0%	20%	60%	60%	40%

The six different Permanency Goal types were comparable in their performance in both Overall Child Status and Overall System performance.

Permanency Goal	# in Sample	Safety	Stability	Prospects for Permanency	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Adoption	11	100%	73%	91%	100%	82%	82%	91%	64%	91%	82%	82%
Guardianship (Non-Rel)	1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Guardianship (Relative)	1	0%	0%	0%	0%	100%	0%	0%	0%	100%	100%	100%
Individualized Permanency	19	89%	63%	37%	89%	84%	74%	63%	74%	95%	79%	84%
Remain Home	14	71%	86%	79%	71%	71%	64%	64%	57%	79%	79%	79%
Reunification	26	100%	42%	50%	100%	77%	73%	58%	77%	96%	96%	92%

RESULTS BY CASEWORKER DEMOGRAPHICS

When comparing caseload size with Overall Child Status and Overall System Performance outcomes, both categories identified in the chart below performed equally well. The four caseworkers with higher caseloads of 17 cases or more (the highest being 23 cases) performed above standard on the indicators listed below and had 100% on both Overall Child Status and Overall System Performance. Region administration strives to maintain caseloads at what is described as a more manageable size. The vast majority (94%) of the caseworkers in the sample had caseloads with 16 cases or less.

Caseload Size	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
16 cases or less	68	90%	60%	57%	90%	78%	72%	63%	69%	91%	85%	85%
17 cases or more	4	100%	75%	75%	100%	100%	75%	100%	75%	100%	100%	100%

Caseworker's length of employment in their current position did not make a significant difference in the outcome of the overall scores. Workers with less than one year of experience performed equally well as workers with more than six years of experience in Overall Child Status and Overall System Performance. The workers represented in the sample suggest that the region has experienced caseworkers. Over 65% (47 workers) of the sample had more than two years experience as a caseworker.

Length of Employment in Current Position	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Less than 12 months	4	100%	50%	0%	100%	100%	75%	25%	100%	100%	100%	100%
12 to 24 months	21	95%	67%	71%	95%	71%	81%	71%	62%	90%	81%	81%
24 to 36 months	21	81%	57%	57%	81%	76%	67%	67%	71%	90%	81%	81%
36 to 48 months	14	93%	57%	71%	93%	79%	71%	64%	57%	86%	86%	86%
48 to 60 months	7	100%	71%	57%	100%	86%	71%	100%	100%	100%	100%	100%
60 to 72 months	1	0%	0%	0%	0%	100%	0%	0%	0%	100%	100%	100%
More than 72 months	4	100%	75%	25%	100%	100%	75%	25%	75%	100%	100%	100%

RESULTS BY OFFICE

Cases from seven offices in the Salt Lake Valley Region were selected as part of the sample. The Magna, Mid Towne, and Tooele offices stand out due to the 100% on both Overall Child Status and Overall System performance as indicated in the chart below. The Oquirrh and South Towne offices struggled with both Overall Status and Overall System Performance being below the standard. The TAL office, which is associated with teenage foster care cases, struggled the most with the Stability and Prospects for Permanence indicators.

Office	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Office A	3	100%	100%	67%	100%	67%	67%	100%	67%	100%	100%	100%
Office B	15	93%	60%	73%	93%	87%	87%	60%	67%	100%	87%	93%
Office C	6	100%	100%	83%	100%	100%	83%	83%	100%	100%	83%	100%
Office D	15	80%	60%	53%	80%	73%	53%	60%	53%	87%	80%	67%
Office E	10	80%	60%	60%	80%	70%	80%	50%	50%	70%	70%	70%
Office F	20	95%	45%	35%	95%	85%	70%	65%	85%	95%	95%	95%
Office G	3	100%	67%	100%	100%	33%	67%	100%	67%	100%	100%	100%

RESULTS BY SUPERVISOR

A total of 22 supervisors from throughout the Region participated in this year's review. Most of the supervisors (20) had multiple cases selected from their teams. Several of the supervisors (10) had four or five cases from their teams included in the sample. As indicated in the chart below, the majority of the supervisors (13) scored 100% on both Overall Child Status and Overall System Performance. Fifteen of the supervisors scored 100% on Overall System Performance.

Supervisor	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Supervisor A	5	100%	80%	60%	100%	80%	100%	80%	80%	100%	100%	100%
Supervisor B	4	100%	100%	75%	100%	100%	100%	75%	100%	100%	75%	100%
Supervisor C	3	100%	100%	67%	100%	100%	100%	100%	100%	100%	100%	100%
Supervisor D	3	100%	100%	100%	100%	100%	100%	67%	67%	100%	67%	100%

Supervisor	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Supervisor E	1	100%	100%	100%	100%	100%	100%	100%	0%	100%	100%	100%
Supervisor F	5	80%	40%	80%	80%	100%	80%	60%	60%	100%	100%	100%
Supervisor G	3	100%	100%	67%	100%	67%	67%	100%	67%	100%	100%	100%
Supervisor H	4	100%	75%	75%	100%	75%	75%	100%	50%	100%	75%	75%
Supervisor I	3	67%	33%	67%	67%	33%	100%	0%	33%	67%	67%	67%
Supervisor J	4	100%	0%	0%	100%	50%	50%	0%	75%	100%	75%	75%
Supervisor K	2	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Supervisor L	4	75%	75%	50%	75%	100%	25%	75%	100%	75%	100%	100%
Supervisor M	2	100%	0%	50%	100%	50%	50%	50%	50%	100%	50%	50%
Supervisor N	2	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%
Supervisor O	4	100%	50%	50%	100%	100%	100%	100%	100%	100%	100%	100%
Supervisor P	1	100%	100%	0%	100%	100%	0%	0%	0%	100%	100%	100%
Supervisor Q	5	80%	60%	40%	80%	80%	60%	40%	40%	60%	60%	60%
Supervisor R	4	75%	50%	50%	75%	75%	50%	50%	50%	75%	75%	50%
Supervisor S	3	100%	67%	67%	100%	67%	100%	67%	100%	100%	100%	100%
Supervisor T	4	50%	50%	25%	50%	50%	25%	25%	50%	75%	75%	50%
Supervisor U	3	100%	0%	0%	100%	100%	67%	67%	67%	100%	100%	100%
Supervisor V	3	100%	67%	100%	100%	33%	67%	100%	67%	100%	100%	100%

SYSTEM CORE INDICATORS

How are the ratings of 1 (completely unacceptable), 2 (substantially unacceptable), 3 (partially unacceptable), 4 (minimally acceptable), 5 (substantially acceptable) and 6 (optimal) trending within the core indicators? Below is analysis of the ratings for all Core System Indicators (Child & Family Team/Coordination, Child and Family Assessment, Long-term View, Child & Family Planning Process, Plan Implementation, and Tracking & Adaptation) over the last 10 years. The most ideal trend would be to see an increase in the average score of the core indicators along with an increase in the ratings within the acceptable range (i.e. ratings of 4 moving to 5's and 6's). The number of indicators whose average score is either substantially acceptable (5) or optimal (6) has increased over last year's scores. There was a slight decrease in indicators whose average score was minimally acceptable (4), which corresponds with the increase in indicators whose average score was partially unacceptable (3) and substantially unacceptable (2).

Totals of All Core Domain Scores							
Year	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5	Rating 6	Average Score of Core Indicator
2001	22	78	134	98	69	7	3.33
2002	27	107	109	114	63	12	3.27
2003	9	67	107	132	95	10	3.64
2004	0	10	84	149	149	22	4.21
2005	2	17	108	147	128	24	4.07
2006	3	24	100	162	118	19	4.00
2007	0	7	58	169	169	17	4.31
2008	0	15	89	162	142	6	4.08
2009	0	3	72	173	140	14	4.22
2010	0	9	89	166	152	16	4.18

The chart below indicates the average score for each of the Core System Indicators over the last 10 years. Four of the averages continue to be in the acceptable range with two indicators (Long-term View and Child & Family Planning Process) falling into the unacceptable range this year.

Average Scores of System Core Domain						
Year	Child & Family Team / Coordination	Child & Family Assessment	Long-term View	Child & Family Planning Process	Plan Implementation	Tracking & Adaptation
2001	3.04	3.21	3.04	3.09	3.96	3.65
2002	3.06	3.07	2.86	3.33	3.57	3.71
2003	3.64	3.53	3.30	3.53	3.96	3.86
2004	4.22	4.03	4.00	4.09	4.48	4.48
2005	4.25	3.72	3.70	3.99	4.45	4.28
2006	4.03	3.85	3.76	3.96	4.21	4.18
2007	4.33	4.14	4.00	4.36	4.54	4.50
2008	3.96	3.86	3.96	3.93	4.42	4.39
2009	4.07	4.07	4.07	4.03	4.52	4.57
2010	4.17	4.04	3.90	3.97	4.49	4.50

VII. Summary and Recommendations

Summary

The Region maintained the Overall Child Status score above the standard at 90%. Of the ten Child and Family Status indicators, the Region maintained five indicators (Safety, Appropriateness of Placement, Health/Physical Well-being, Caregiver Functioning, and Satisfaction) at or above the 90th percentile. Two other status indicators (Emotional/Behavioral Well-being and Learning Progress) experienced an increase and have been maintained in the upper 80th percentile. Three status indicators (Stability, Prospects for Permanence, and Family Functioning and Resourcefulness) experienced a decrease from last year's scores with the largest decrease being Prospects for Permanence, which dropped 18 points to 58%.

The Region maintained the Overall System Performance score above the 85% standard for the fourth consecutive year. The Region experienced a decrease in Overall System Performance from 93% last year to 86% this year, but is still above the standard. Three of the system indicators (Plan Implementation, Formal and Informal Supports, and Caregiver Support) were maintained above the 90th percentile. The Region maintained four of the six Core System Indictors (Child and Family Team/Coordination, Child and Family Assessment, Plan Implementation, and Tracking and Adaptation) above the 70% standard. The Region experienced a decrease in two Core System Indicators (Long-term View and Child and Family Planning Process) with the largest decrease being a 13-point drop in Long-term View to 65%. The core system indicators of Long-term view and Child and Family Planning Process dropped below the 70% standard.

Overall, the Salt Lake Valley Region had positive outcomes in their performance on the Qualitative Case Review for FY2010. The Region exceeded the standard for Overall Child Status and Overall System Performance. The Region maintained four of the six Core System Indicators above the standard. Two of the Core System Indicators declined below the standard but did not result in a marked decline in performance.

Recommendations

It is recommended that the Salt Lake Valley Region use the 72 case stories as part of their on-going effort to improve the services they provide to children and families. The case stories could be used to help sustain performance that is above standard or elevate performance that is below standard. Review of the case stories in which the indicators scored substantially well or optimal could be used as examples in an effort to help duplicate great work. Careful review of the case stories regarding the circumstances that resulted in the unacceptable ratings could be beneficial in formulating training opportunities or specific strategies to address those challenges. The following recommendations target specific indicators and the factors that presented the most challenges to those indicators.

Child Status
1. Stability: Target managing behavior issues of challenging teenage foster children without having to move them. This group accounts for the majority of the cases with stability issues.
2. Prospects for Permanency: Enhance permanency planning for youth with significant behavior problems and youth who are currently residing in residential levels of care.

System Performance
1. Child and Family Teaming and Coordination: Ensure all key team members are included in family team meetings and that the whole team meets together for planning and coordination purposes.
2. Child and Family Assessment: Incorporate all key elements, including underlying needs and issues, into the assessments of the children and families.
3. Long-term View: Ensure long-term views are shared by team members and have a path and steps that will provide for the child's needs for enduring permanency and safety.
4. Child and Family Planning Process: Ensure families have current, relevant, well-written plans that the families help create.

VIII. APPENDIX

I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:
- ➤ The Plan shall be implemented.
- ➤ The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provided for four monitoring processes. Those four processes were: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provided for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must have achieved the following in each Region in two consecutive reviews:
- ➤ 85% of cases attain an acceptable score on the child and family status scale.
- ➤ 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipated that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

On June 28, 2007, Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Partnerships	
Organizational Competence	Professional Competence	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

> *Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.*

> *1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*

> *2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*

> *3. Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*

> *4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*

5.   *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*

6.   *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*

7.   *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*

8.   *Services provided to children and families respect their cultural, ethnic, and religious heritage.*

9.   *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*

10.   *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*

11.   *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*

12.   *Children are placed in close proximity to their family and have frequent opportunities for visits.*

13.   *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*

14.   *Children receive adequate, timely medical and mental health care that is responsive to their needs.*

15.   *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the "quality movement" is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:
"Is there a current service plan in the file?"

QUALITATIVE FOCUS:
"Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?"

AUDIT FOCUS:
"Were services offered to the family?"

QUALITATIVE FOCUS:
"To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?"

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group's experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in

evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from "Completely Unacceptable" to "Optimally Acceptable." The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

Child and Family Status	System Performance
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
Overall Status	**Overall System Performance**

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful.   This point becomes most critical in child welfare when children are

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currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a "human face" on issues of concern.

Methodology
Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:
- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

A total of 24 cases were selected for the review, and 23 cases were reviewed. There was one case that was pulled for review, and just before the review was to take place, the parent withdrew his consent to have the child interviewed. Since the child could not be interviewed, this case was not reviewed.

Reviewers
Due to the recent approval of the agreement between the parties to the David C. Lawsuit and the cessation of formal monitoring, no reviewers from the Child Welfare Group participated on this review. Reviewers were all from Utah and were drawn from the Office of Services Review, DCFS, and community partners.

Stakeholder Interviews

As a compliment to the individual case reviews, the Office of Service Review staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah's child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations were briefly described in a separate section.